71497

Class _____ No. _____

Presented by

J. J. Taylor, M.D.

160

Digitized by the Internet Archive
in 2013

http://archive.org/details/wisconsin10jane

Volume X

OF THE

Wisconsin Medical Recorder

J. P. THORNE, M D., Editor and Publisher

ILLUSTRATED

January to December, 1907

JANESVILLE, WISCONSIN

CONTRIBUTORS

W. C. Abbott, M. D., Chicago, Ill.
M. A. Blanton, M. D., Balleyton, Tenn.
James Burke, M. D., Manitowoc, Wis.
G. G. Burdick, M. D., Chicago, Ill.
J. A. Burnett, M. D., Little Rock, Ark.
C. W. Canon, M. D., Orkney Springs, Va.
F. F. Casseday, M. D., Minneapolis, Minn.
J. W. Crismond, M. D., Anderson, Ind.
G. E. Flowers, M. D., Granite Falls, N. C.
J. M. French, M. D., Milford, Mass.
J. H. Higgins, M. D., Scipio, Ark.
William Hobday, M. D., Louisville, Ky.
R. B. Hopkins, M. D., Milton, Del.
Eli G. Jones, M. D., New Brunswick, N. J.
H. F. Langhorst, M. D., Elmhurst, Ill.
R. B. Leach, M. D., St. Paul, Minn.
W. S. Leech, M. D., Brooten, Minn.
W. T. Marrs, M. D., Peoria Heights, Ill.
C. C. Miller, M. D., Chicago, Ill.
Florence Miller, M. D., Chicago, Ill.
E. S. McKee, M. D., Cincinnati, Ohio.
E. G. Paxton, M. D., Chicago, Ill.
Dr. Pennebaker, Pleasant Hill, Ky.
Byron Robinson, M. D., Chicago, Ill.
D. D. Rose, M. D., Chicago, Ill.
E. C. Rothrock, M. D., Palestine, Texas.
Geo. B. Simpson, M. D., Webster Springs, W. Va.
R. J. Smith, M. D., Schenectady, N. Y.
H. Speier, M. D., Rochester, Minn.
Dr. H. Thomson, V. S., Newman Grove, Neb.
Dr. Tripp, Pleasant Hill, Ky.
W. F. Waugh, M. D., Chicago, Ill.
J. L. Wolfe, M. D., Cedar Falls, Iowa.

INDEX

A

Abortion of Typhoid Fever: Burnett..... 16
Acid Milk for Infants..... 266
Acute Pleurisy: Rothrock..... 46
Acute Articular Rheumatism: Smith..... 291
Adenitis-Therapeutics: Abbott 323
Aloin: Smith 330
Amphiachyris Dracunculoides: Burnett..... 361
Appendicitis: Hopkins 216
Appendicitis—A Suggestion: Rose..... 229
Appetizing 304
Application of Forceps in Placenta Praevia, The: Higgins 265
Application of Certain Principles of Plastic Surgery in Exposed Cutaneous Surfaces: Miller 347, 381
Arsenic in Yellow Fever: Leach..... 158

B

Bier's Treatment by Hyperemia..... 332
Breakfast Foods 232
Buttermilk for Infant Feeding..... 366
Business Side of the Practice of Medicine, The 23

C

Calcium Chlorid 161
Calcium Iodide in Leg Ulcers..... 268
Calcium Sulphide and Echinacea: French... 362
Cancer and Its Cure..... 233
Care of the Family Refrigerator..... 173
Causation of Disease in Its Relation to Therapeutics: Casseday 12
Chicago Night Schools: Waugh..... 400
Chronic Constipation 128
Corydalis Canadensis: Burnett..... 48

D

Day's Work, A: Jones..... 301
Diagnostic Helps 200
Dietetic Treatment of Epilepsy..... 161
Discussions— 47, 91, 124, 158, 197, 227, 237, 359, 400
Diseases of the Heart: Rothrock..... 120
Diseases of Children: Blanton.....44, 88, 122, 157, 195, 293, 324
Division of the Fee..... 69
Doctor's Library, The.....26, 60, 99, 135, 166, 204, 238, 272, 308, 339, 374, 411
Doctor's World, The.....30, 62, 104, 173

E

Editorial— 24, 53, 97, 131, 201, 235, 269, 305, 335, 368, 408
Early Treatment of Tuberculosis, The: Marrs 126
Elective Surgery of the Face, The: Miller.....1, 37, 75, 109, 143, 163, 177, 211
Elimination in the Treatment of Obscure Diseases: Marrs 241
Enuresis: Smith 230
Erigeron Canadensis: Burnett..... 358
Erysipelas: Jones 49

F

Family Refrigerator, The..... 52
Fecal Obstruction..... 51
Few Thoughts on Educational Topics, A.. 200
Few Theoretical Deductions, A..... 21
Fitness 233
Fight Against Tuberculosis, The..... 22
Fused (Horse-Shoe) Kidney: Robinson..318, 387

G

Gastric Immotility 312

H

Health of School Children, The..... 128
Hematogenous and Nephritic Albuminuria... 128
Hyoscine, Morphine Anesthesia..... 66
Hyoscine, Morphine and Cactin: Paxton.... 93

I

Ice and Typhoid Fever..... 334
Ideal Method of Treating Rheumatic Conditions, An: Dinkelspiel..... 242
Important Judicial Rulings..... 268
Indicanuria 266
Infection 379
Infant Feeding: Blanton..... 219
Inhibitory Antifebrile Agents: Summers.... 343
Interesting Discovery, An..... 96
Intra-Uterine Medication: Burnett..... 124

L

Laboratory Fetish, The..... 303
La Grippe: Wolfe..... 119
Lienteric Diarrhoea: Burke..... 357
Lobelia Inflata: Crismond..... 225

M

Malaria: Burnett 402
Materia Medica and Therapeutics: Blanton.. 299
Medical Expert, the: Burdick.....83, 114, 151, 191, 220, 260, 294, 313, 351, 391
Medical Jurisprudence: Blanton..... 327
Medical Progress: McKee.....19, 58, 102, 138, 169, 208, 240, 276, 310, 342, 376
Miscellany—.....241, 277, 312, 343, 378, 414
Modern Therapeutics—...34, 71, 107, 142, 175, 209
Modern Use of Carbolic Acid, The..... 51
Morphine Nostrum A..... 30
Mortality From Tuberculosis..... 367

N

New Anesthesia, The..... 173
Non-Venereal Syphilis..... 333
Nothing New Under the Sun..... 366

AUG 6 - 1908 71497

O

Obstetrical Notes: Higgins..... 401
Obstetrical Notes: Burnett..... 325
Obstetrical Report: Flowers..... 331
Ophthalmia Neonatorum: Canon..... 397
Oriental Rugs 173
Oronhyatekha 104
Our Inland Waterways..... 201

P

Panther-aPtting in Giving Hypodermics: Simpson 364
Pathology of Crime..... 231
Pernicious Anemia: Waugh..... 46
Pharmacy 201
Photo-Therapy 96
Physics of the X-Ray: Burdick.....8, 40
Physicians in Politics..... 162
Pneumonia: Jones 91
Ptomaine Poisoning: Speier..... 47
Pregnancy and Pulmonary Tuberculosis..... 365
Prescriptions: Burnett.....33, 70, 106, 141, 159
Prescribing Alcoholics: Leech..... 14
Problem of Alcohol, The..... 14
Psychological in Medical Medical Practice, The: Leech 349

R

Railroad Sanitation 304
Rational Treatment of Typhoid Fever, The: Hobday 277
Rest: Rothrock 89
Revival of Therapeutics: Waugh..... 197
Review of Some of the Varieties of Albuminurias, A: Crismond..... 283
Robinson, Byron 66
Rundschau: Speier.....21, 51, 95, 128, 160, 200, 231, 266, 303, 332, 365, 405

S

Schott Treatment, The..... 160
Sciatica 268
Scopolamine 312
Seasonable Remarks: Wolfe..... 290
Sensational Trial vs. Public Decency: Speier 94
Septicemia and Purpura Hemorrhagica: Thomson 58
Silver Nitrate in Diseases of the Eyes..... 234
Stearns, Frederick 66
Sterility Caused by the X-Ray..... 51
Study in Vienna: Langhorst..... 227
Summer Complaints: Abbott..... 217
Surgery of the Stomach: Pennbaker & Tripp 182
Surgical Complications and Sequelae of Typhoid Fever: Miller.....249,- 285

T

Therapeutic Comments: Smith..... 378
Therapeutic Facts, Fads and Fancies: Smith 359
Treatment of Disease: Rothrock..... 156
Treatment of Erysipelas: Burnett..... 288
Treatment of Eczema, The: Burnett..... 329
Treatment of Pneumonia: Rothrock..... 15
Treatment of Rhinitis: Burnett..... 91
Treatment of Sciatica..... 30
Turbinate Hypertrophy 104
Typhoid Fever: Crismond..... 245
Typhoid Rever: Rothrock..... 254
Typhoid Fever: Burnett.....16, 255
Typhoid Fever: Abbott..... 257
Typhoid Fever: Smith..... 259
Typhoid Fever: Marrs..... 278

U

Unification of the Medical Profession..... 267
Use of Alcohol in Obstetrics and Gynecologic Practice, The 304

V

Various Opinions 367

W

Weighing the Soul..... 96
What Others Say..... 126

X

X-Ray: Burdick 8, 40

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X JANUARY, 1907 No. 1

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 385 December Recorder)

MACROCHEILA.

In the previous paragraphs the conditions under consideration are those in which the lip is unduly large as the result of a simple over-development. A condition known as macrocheilia is sometimes seen in which there is an increase in the number and size of the mucous glands, the lymphatic vessels, and more or less of a connective tissue hyperplasia. One or all of these conditions together may result in the decided thickening and eversion of either the upper or lower lip or both.

These conditions are treated by the excision of tissues present in excess, followed by an immediate suture of the deficiency formed in the mucosa.

Where the glandular elements are much hypertrophied and increased in number they may be excised without difficulty, the masses of glandular tissue resembling fatty tissue.

This work is done with the aid of infiltration anesthesia. Adrenalin may be added to the solution to minimize the bleeding during the operation. In these cases the enlargement of the lips is chiefly due to hypertrophy and increase in the number of the lymphatic vessels. By excision of the excess of tissue and suturing of the deficiency a satisfactory condition is secured. Where the blood vessels are much increased in size and number we have, in some instances, a condition which is relieved only with difficulty.

OPERATIONS UPON THE UNDULY LARGE MOUTH.

In many instances, where the mouth appears unduly large, if a close examination of the patient is made, the true condition noted will be an eversion of the lips or an undue thickness of these parts. Often the former condition is the cause of the apparent undue size.

Where a mouth is at all large, during the expression of various emotions the lips are everted or inverted or drawn into some unnatural and unbecoming position much more readily than where the mouth is small. In such a case the apparent size of the mouth can be diminished by correcting any eversion, inversion or undue thickness of the lips, and it is not necessary to submit the patient to a more difficult and more uncertain operation for actually diminish-

ing the distance between the angles of the mouth.

An undue projection of the teeth, particularly where the teeth are rather long or large, will give to the mouth an appearance of undue size. This condition is not only unbecoming because of the apparently large size of the mouth, but whenever the patient smiles or laughs, the prominent teeth and gums become visible, to mar the individual's appearance. This condition is corrected by any competent dentist, and if the teeth are unduly prominent, the patient should be referred to the dentist for such treatment.

The correction of any deviation in the teeth from the normal will take considerable time, and before the patient is referred to the dental surgeon the operator should correct any imperfections about the remainder of the face. Unless the appearance of the lips be very bad, it may be well to leave the correction of eversion or inversion until after the teeth have been drawn into their normal line, when such correction is accomplished with more certainity of a perfect result.

The first operation described upon the angle of the mouth is one which is rather difficult, and it may require considerable practice upon the part of the operator before he can secure with it decided results in bringing closer together the angles of the mouth.

The operation is performed entirely within the mouth so that no scars are left, which are visible externally after the operation. The object of the operation is to loosen the tissues about the angle of the mouth and then, by proper suturing, to hold them in a position advanced toward the median line.

The operation will have a tendency to cause an eversion of the mucosa about the angle of the mouth, and an eversion and outward pouting of the entire lip in some instances. These conditions are of course to be avoided, if possible, but their development will occur in some instances in spite of any care on the part of the operator, in which case they are corrected by appropriate operations, such as have been or will be described.

A circle of tissue about one inch in diameter, about the angle of the mouth, is to be thoroughly infiltrated with a dilute solution of cocaine. The mouth is thoroughly cleansed and the external parts and all instruments used about the operation should be sterile.

If the operator have an assistant, the assistant grasps the upper and lower lip on each side of the angle of the mouth and everts the angle. The operator thus gains free access to the mucosa. A V-shaped incision is made within the angle of the mouth. It should lie from one-fourth to one-half an inch within the mouth. It may vary in length according to the degree of advancement of the angle desired. The operator then carries the incision well through the mucosa with scalpel or scissors. It is well to stop and control any points which are bleeding freely. Hemostats, ligatures or torsion may be used, as is required.

A not too blunt dissector is carried through the muscular fibers surrounding the angle of the mouth until the cellular tissue beneath the skin is reached. It is then carried about separating the skin from the tissues beneath. The operator while freeing the skin, tentatively draws the angle of the mouth toward the median line. It may be desirable to sweep the dissector around so that the separation of tissues about the angle of the mouth includes somewhat more than a semicircle. When the angle is loosened as much as appears necessary for its advancement, the surgeon withdraws his dissector. If much bleeding is excited by the dissector, the operator may syringe the cavity beneath the skin with a one-to-five-thousand solution of the active principle of the suprarenal gland. Such solution should be sterile.

The angle of the mouth is held in its

Fig. 1. Illustrates the two plans of closing the parts after the operation for advancing the angle of the mouth.

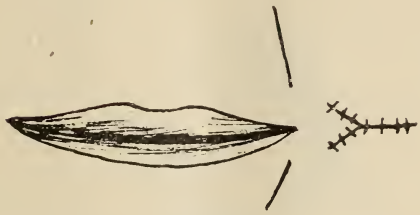


Fig. 2. In some casese there is a pouting of the mucosa above and below the angle of the mouth after the advancement, and in these cases it may be desirable to make incisions above and below the angle and close them as is illustrated in Fig. 2.

Fig. 3. Illustrates the position and shape of the paraffin plate injected at this point to overcome the unnatural drawn appearance by some of the operations for inverting the mucosa of the lips at this point.

Fig. 4. Illustrates the manner of closing the opening made in the mucosa at the completion of the operation.

Fig. 5. Illustrates manner of closure where most decided advancement is desired. The operator should remember that here sutures are not merely intended to approximate the divided mucosa, but also to hold in an advanced position the remaining structures of the lip and cheek.

Fig. 6. Illustrates the manner of everting the angle while performing the subcutaneous operation for advancing the angle. If the operation is performed without assistance this manner of everting the lips is not used.

Fig. 7. Illustrates the lines of incision within the mouth, the dotted line marking the area undermined.

Fig. 8. The incision made in the mucosa through which the operation is performed.

Figs. 9 and 10.—Illustrate the unduly full lips due to eversion rather than to a thickness of these parts. It will also be noted that the mouth is somewhat large, a condition frequently noted in conjunction with the everted lips. In eversion here is sufficient correction.

Fig. 11. Shows subsidary incisions closed. These incisions above and below are to overcome undue thinness, which condition is noted in a few cases at completion of advancement.

advanced position, care being exercised to see that the skin is drawn forward and not merely the mucosa from within the mouth.

The angle of the mouth is held away from the gums or is carefully everted and with a curved needle a stitch is applied. This stitch begins on one side of the apex of the V-shaped incision and the needle is carried deeply so that it picks up the deeper layer of the skin. As it is turned again toward the mucosa, care is taken to note that it has not been carried sufficiently near the surface of the skin to cause a dimple to form. The point of the needle is caused to emerge through the mucosa on the opposite side of the base of the V-shaped incision in the mucosa.

This first suture is carefully tied or held to one side and another applied in the same manner nearer the angle of the mouth. The sutures are carried from the mucosa to the deep layers of the skin, and care is used to see that they include a portion of the deeper layer of the skin, but at the same time not too deeply so that the dimple or depression previously mentioned be not formed. The sutures must be tied with care so that they will not cause a dimple or cut their way through the slight amount of the deeper layer of the skin in their grasp, as such would allow the skin to slip back, leaving only the mucosa advanced and everted as the result of the operation.

When the advancement is complete a portion of the incision above and below the angle of the mouth may gape. If such is the case these short intervals are to be closed with sutures which pass through the mucosa. The incision made through the mucosa was of a V-shape and at the conclusion of the operation will be of a Y-shape, though where it was very short it may be converted into a straight line. Suture material may be of silk, or if one prefers, the chromitized gut.

When the advancement of the angle of the mouth is complete, in many of the cases we will find the mucosa of the lips unduly everted at the angle and this condition should be corrected, if the appearance of the patient is to be greatly improved by the operation.

The eversion of the lips is corrected along the same lines outlined in the preceding chapters. Incisions are made within the mouth, and these altered in direction by sutures so that the unduly conspicuous mucosa is inverted. In making incisions about the angle of the mouth care is taken that the incisions below are not too long, and that the angle of the mouth is not drawn downward, as this gives the patient a melancholy look.

In some cases it is preferable to excise a small portion of the mucosa within the mouth as the lips are quite full and prominent. The excision is made according to the judgment of the operator both as to extent and location.

If, during the operation, a small depression develops external to the angle of the mouth after this operation, when healing is complete the undue thinness about this point may be corrected by placing a thin plate of paraffin beneath the skin. Before doing this the operator everts the lip to see that all the remains of the sutures have disappeared, and that healing is complete. An infection might occur along a suture or along a small, unhealed tract, if the paraffin was injected too early, and in the event of the development of infection the patient may be put to some inconvenience.

The placing of paraffin beneath the skin in the cheek calls for no particular skill as the drug can be placed between the thumb and index finger grasping the cheek, and as it is deposited by pressure it is spread into a thin, even plate.

In placing the paraffin external to the angle of the mouth, care is used not to carry the injection too far externally if the individual be the possessor of a dimple, when smiling, or such may be obliterated. The patient is caused to

smile and then any dimple or tendency to dimple formation can be noted. If the operator finds that rather than a dimple the patient possess a line like a crease, when smiling, this should be filled out above or below with a view of altering it from a crease into a more sightly dimple. Efforts to produce a dimple to order with the aid of paraffin injections will be found more or less successful in many cases.

Should our undermined area beneath the skin develop an infection, drainage should be instituted through a small opening into the mouth at the lower margin of he undermined area.

Healing almost always is uninterrupted, and practically no after treatment is required other than care to prevent the undue use of the parts about the mouth so that cutting of the stitches is prevented.

(To be Continued.)

PHYSICS OF THE X-RAY

By Gordon G. Burdick, M. D.,
72 Madison St., Chicago, Ill.

(Continued from Page 390 December Recorder)

THE MEDICAL EXPERT

This gentleman is the outgrowth of conditions within the profession. It happens occasionally that some man with a great brain is attracted towards the seemingly great possibilities, that the medical profession offers for original research, and spends years of time and a great amount of money to gain an entrance in the profession, where he can make a name for himself. Naturally neurology seems a tempting field, and it is the one that is usually invaded by these master minds. Consicentious work is done for years, investigations, writings and teaching, until his reputation is made and honors conferred, when to the surprise of this great man he finds no cash in sight while he is very busy examining patients for other physicians "who are friends of mine and very poor," and advising them about the proper treatment. Somehow or other, people or patients with money are very scarce and it is not long before the tempter comes in the shape of a fat fee, if he will use the prestige of his name, and the force of his intellect in defeating or clogging the tedious, slow wheels of justice. Let us assume, for instance, that a serious crime has been committed by some member of a prominent family, or one whose "pull" is in good working order. An effort must be made by all means to keep the party out of the penitentiary or save his neck. If he has been caught red-handed and things seem very dark for him, and the family "pull"' cannot save him, through the coroner's physician, he may get post mortem diagnosis of chronic alcholism, heart disease, or some of the numerous idiotic diagnoses that are handed out from time to time by this individual, who is trying to earn for his superiors some of the easy graft that is always afloat around the office. It often happens, owing to the row the papers stir up, that this office must pass along to the grand jury, and now the real value of wits and "pull" may be estimated. The first process is to delay the matter as long as any excuse can be found, and ordinarily it is no hardship to the defendant, as some complacent judge will admit him to bail, while an effort is made through private detective agencies to ascertain the history and antecedent of the witnesses. Should anything be discovered that is in the nature of a family skeleton,the rest is usually easy, as the witness is approached and asked to put himself without the jurisdiction of the court and stay out until he is allowed to come back on pain of exposure. If they happen to be the proprietor of a small business, it may be purchased of them at a good price if they promise to get out of the state; but if they be salaried men and work for a firm who has

to depend upon public favors to run their business successfully, the witness begins to find more or less pressure brought to bear upon him to cause dissatisfaction. Coincident with this pressure a tempting offer comes from another state of a good position and a better salary. Usually this "bait" works, but occasionally fails, and the man with the patent "pull" or "fat pocketbook" finds himself indicted, and the real struggle for his life begins, and it is at this point that our brilliant medical friend gets in his work. It is a theory in law that when a man is insane that he is irresponsible; therefore, in order to acquit him of responsibility they make him insane. Our medical friends, however, have been equal to the task, so that now it is an axiom of the law, that if a peculiarly outrageous crime has been committed by a wealthy individual, or by one whose family has a well developed "pull," he was temporarily insane at the time the crime was committed, and anyway the victim showed poor judgment, at least, by getting in the way of the bullet or knife while this prominent citizen was suffering from temporary aberration. This theory and defense has worked so well in any number of cases, that it soon had its imitators like all other discoveries in medicine that promise an easy graft outside of the profession, and the small man with the modicum of brains soon saw a chance to help the family exchequer by getting himself retained in a case of poor criminals for a paltry fee of from ten to fifteen dollars, which abuse has grown until at the present time it is the most frequent defense of criminals outside of the manufactured alibies. It has been so successful and far-reaching that the name of a medical expert witness in court excites only suspicion and disgust in legal circles where a semblance of truth is preserved, even if the substance is not there.

The effect of this kind of testimony has compelled the various states attorneys to resort to unscrupulous means in order to get a conviction in criminal cases, and as all of the state's representatives are necessarily politicians, they are naturally anxious to make a record of convictions, and the conviction is growing that they are about as unscrupulous in securing one as the defendant's council is in defeating the ends of justice. There is a growing suspicion that the state's representative is perfectly willing to avail himself of perjury if it is required to make out a case, and it is believed that he has availed himself of manufactured evidence many times, in order to combat the wiles of the defense, and there are many reasons to believe that if a missing link in a case is wanted it can be supplied in either the departments of the police or coroner's office, or by the medical expert. Of course it is always difficult to question or prove the actual amount of knowledge an expert may have, but it seems when one becomes so expert that he can construct a woman forty-three years old from a sesamoid bone that has undergone six hours of boiling in caustic soda which was alleged to have destroyed the remainder of the body, it must be apparent to the average man that this expert is altogether too smart. Examples of fine drawn theories that have meant life or death to many a poor wretch who was accused of crime, and locked up in jail without an opportunity of preparing a proper defense, while the state has thousands of dollars at its command, with any amount of trained men to do its bidding, and still its utmost efforts are frequently set at naught by the testimony of one medical expert who unerringly places his fingers upon the weak point of the prosecution, and builds an elaborate retreat for himself and the defendant. So expert have these men become that the criminal law has brought itself into general contempt by its inability to convict under the present court procedure. Frantic efforts have been

made by the various states attorneys to retain medical experts who were capable of meeting these fellows on their own ground, but with little success, as they are shrewd enough to appear only on the side of the defense, and thereby escape having their testimony in other cases used against them, and the experts who have been willing to testify for the state, have lacked the mental equipment necessary to impress a jury. Shrewd criminal lawyers have also taken advantage of the sentiment of fair play that has always existed among the conservative members of the profession, by creating a situation where there is a reasonable doubt in a criminal case, and have had no difficulty in getting the signature of a large number of physicians attached to a petition asking the governor to interfere in behalf of the criminal.

Physicians owe it to themselves and the profession, to refuse to give expert testimony under the present court procedure, and should agree to testify only when subpoenaed or retained by the court, so that they are at liberty to tell the whole truth without having to take sides to get their fees. It is a question of vital importance, and should be taken up by all medical societies. It is of the utmost importance that our criminals should be restrained or punished, and that the law should be able to effectually handle these cases, whether rich or poor. By organization this effectual means should be adopted, so that a member of the medical profession should be able to earn an honest income without being compelled to resort to questionable methods of getting it.

This brings up for consideration some of the causes why medical men are not self-supporting from their profession. Modern practice has evolved the specialist until we now have the practice of medicine divided into numerous specialties, all of which are constantly eating into the general practitioner's income. The journals have been flooded during the last fifteen years with "pot boiling" articles written by specialists with the idea of gaining fame and income, while the general practitioner, having the best interest of his patient at heart, and taking many of these articles seriously, has been depended upon to send his patients to the specialist, under the theory that they would obtain better treatment than he could give them and he has done so cheerfully until within the last five years, when he has become convinced that with some effort and the expenditure of some money he could give his patients as good attention as they could get from the city expert. As the army of specialists grew, it was apparent that they must hold some professorship in a medical college in order that their prestige with both practitioner and patient might grow greater, but there were only a few medical colleges and they each had so many professors attached to them that they were in each other's way. The problem was solved by starting new medical colleges which have multiplied like rabbits all over the country, until they have become a pest and an outrage upon decency. Many of them are parading under the night school idea; some under the post-graduate theory; but each and every one conceived and actuated with the same idea of professoring and advertising the medical men connected with it, to both the profession and the laity.

Every one of these alleged medical colleges, in order to have clinical material, must establish a free dispensary. In other words, they must have victims for demonstrating the power and skill of the professors, where they can pose as great philanthropists before the laity, and make them believe that it was a lucky day for the profession when this great man was born, and inspires them with the belief that this great man could do so much more for them and their friends if he only had them at his office, where he has the proper equipment. This abuse has grown to such propor-

tions that many of these great men are now living on the pennies they can graft from the patients that come to the dispensary, charging under the guise of drugs, dressings, or glasses; the latter being by far the best paying graft outside of the surgeons. They give their services of course, but charge from four to eight dollars for a pair of glasses that does not cost them two dollars. Specialists who were not able to get in on these medical college deals were not oblivious to the advertising and financial value of this medical cancer. While they did not have money enough to start a medical college by combining several specialists in each department, they managed to scrape up enough money to hire a store or a flat and start a private dispensary—no students allowed. The idea was a success if it was started in a good neighborhood. Cards were sent out to each family pointing out the advantages, offering to do vaccination or give treatment free to all worthy persons. The latter being expected to bring in more patients, whether worthy or not, sentiment is not allowed to interfere with business. Other would be experts, not being able to gather together a large number of others to join them, began to put out signs in front of their offices announcing "Free Dispensary," and by making arrangements for a "rake-off" with some unscrupulous druggist even made this pay, until some of the other dispensaries began to suffer from the private inroads, when a unanimous chorus of "quack, quack" was heard in the land. It is a curious thing that a physician shows about as much intelligence in handling a notorious abuse, as a duck; but time has shown that these people who are so quick to yell "quack" will, as a general rule, bear some watching themselves.

It would seem from the foregoing that about the limit had been reached in the dispensary evil, but not so. We have not considered the "sanctimonious hypocrit" who, for his own private ends, succeeds in "flim-flamming" a church into supporting his private dispensary, and churches, as a rule, are very easy marks. This kind of dispensary has multiplied in great numbers. No, dear readers, we have not nearly reached the limit in dispensaries; we have only begun, and I am fearful we never would be able to handle all the different angles. It is getting quite fashionable for some of our daily papers to put out charity boxes and collect the nickles and dimes of our dear public to support some sanitarium, for either the babies or convalescents or the "shut-ins." A great parade is made before the public about the value of the charity, and of course they have no difficulty in getting several chicken-hearted physicians to donate their services. In fact, they fight for the privilege of giving their services to anything that will rob their fellow practitioner of their patients, and possibly gain a few cents themselves.

We next have the incorporated medical dispensary, which is a stock company, who hire solicitors to go out in a community and promise medical attendance and burial services in case of death, for the magnificent sum of twelve cents a week. They will be entitled to all the medical attention they need, and if the solicitor is very successful in a neighborhood he will approach a physician who lives there, and secure his services for six cents each week, on each person, if he will purchase at least two hundred dollars' worth of stock. Experience shows that this scheme pays, as one at least has never missed a six per cent dividend in twelve years, besides accumulating a large surplus. Next comes the lodge dispensary where for the sum of one dollar a year medical services are given as needed, and as there are several hundred lodges, and each one retains a physician, some idea may be gained regarding the growth of this evil. From the lodge we pass to the manufacturing plant or the mine, and find that a certain sum is retained each

month for a sick insurance, and some young physician is hired for about seventy-five dolars a month to look after the medical and surgical work as required by the employers. This last medical charity or contract practice is highly denounced by many members of the profession who are way up near the head, and who fall over each other every year to get the job of chief medical expert which is offered for about $2,500 a year, where their duties are consultation and medico-legal in character, and who are expected to do any amount of "tall swearing" in court if they wish to retain their position any length of time. It is a curious thing how the little fellow can be criticized for doing just what the big fellow has taught him to do, only on a smaller scale. Such inroads have been made into professional honor and it is an abuse of such momentous size that it it not practical to consider all of its various phases in this paper, but it is remarkable how many men can be bought for a glass of beer, a cigar or a railroad pass.

Note—I have received numerous letters since this series has began; some commendatory, some of remonstrance, and others of inquiry. But as it is impossible to answer all of them I will give a brief statement of my object in this paper.

The general growth of various "cults," "isms," systems of medical treatment closely related to medicine, within the last few years, have made serious inroads upon the income of the medical man, until at the present time many old time practitioners are hopelessly in debt. It is the avowed object of these papers to convict the medical profession as being responsible for their own troubles. Gigantic evils have grown up within the last ten years, which, if not taken hold of with a firm hand, will reduce the great rank and file of the profession to the level of the politician out of a job. I have a remedy for these conditions which will appear in time.

In the meantime would urge organization as the only way that the medical profession can be saved from itself. These articles are exceedingly distasteful for me to write, but I am convinced it is my duty and will do so regardless of consequences.

(To be Continued.)

THE CAUSATION OF DISEASE IN ITS RELATION TO THERAPEUTICS

By F. F. Casseday, M. D., Minneapolis, Minn.

Beginning with the period of the development of the germ theory of disease, and the therapeutic methods based thereon, the treatment of disease by purely medicinal means, has become more exact, certain and effective. While previous to that period purely surgical methods have shown great improvement in technic, scope of application, and result, measured by increased saving of human life; yet thoughtful and earnest members of the profession have deplored the fact that therapeutics had not kept pace with the great advances in surgery. Today conditions are different, and advances are being made in special therapeutics, which are revolutionary. The profession is in a receptive mood, and investigators, who have the courage of their convictions, are stepping out of the beaten paths, applying new principles and getting results.

The academic nomenclature of the exciting and predisposing diseases is more accurately defined, and their real prime causes are determined, the fact stands out prominently that we need a readjustment of terms, in order to accurately describe the cause and course of disease.

Exaggerated physiological action or processes are frequently mistaken for

pathological conditions, and nature's efforts to establish normal conditions are frequently handicapped and hindered by earnest but misguided efforts to remove something which never existed, except in the mind of the observer. A post hoc is not always a propter hoc. While the correlation of forces in the human body frequently produces conditions which appear to bear the relation of cause and effect; yet as a matter of fact, such conditions often co-exist without being interdependent, and their apparent close relationship is merely a coincidence.

The tonic system of treatment is a heritage from the fathers of medicine. It is a relic of the shot-gun prescription of the past, and yet it served its purpose at the time for the way had not opened to a better method. The trend of practice at the present time is the definite application of remedies to assist physiological action, rather than to merely remove pathological conditions. Of course a combination of the two methods may be demanded, and conditions may arise where tonic or supportive treatment may be indicated, but the supportive treatment is more frequently dietetic than purely medicinal. The too free exhibition of tonic remedies, without food value, not only do not good, but do harm by overloading a system already unable to eliminate its waste, and there aggravate the conditions, which they are intended to relieve.

Defective metabolism is recognized as a fundamental cause of disease, differing widely in character, location, severity, and manner of manifestation. The real condition is so often masked by the disturbances in and stress upon one particular organ or region that remote effects of the true cause—namely defective metabolism—are erroneously considered active agencies in the production of the disease. It naturally follows that any line of treatment based solely upon the attempted removal of these remote effects, without the restoration of the metabolic function, will result, in the vast majority of cases, in complete failure to effect a cure. The digestive organs, the liver and the nervous system, have been the targets for years for medicinal ammunition of all kinds. "Torpid liver," "gastric catarrh," and "nervousness" have become the slogans of the laymen, and have furnished the foundation for the millions made in the patent medicine business, but a better day is dawning and these medicated organs and regions are getting a much needed rest after the furious assaults of the past.

Neurasthenia with its manifold manifestations in different organs and regions of the body, is in my opinion a typical example of the effect of defective metabolism. The restoration of perfect metabolism, in these cases, it seems to me, holds out a far greater hope of cure than any specific treatment directed towards the mere removal of the nervous symptoms, heart disturbances, or gastric conditions. The symptoms presented in neurasthenia are as numerous and varied as the individual affected, and it seems reasonable to consider defective or imperfect metabolism as the prime cause in its production. Excluding cases dependent on floating kidneys, or organic disease antedating the appearance of the neurasthenic symptoms, and considering the unnumbered manifestations and pictures presented, upon what other basis can a valid cause be shown? It is not sufficient to contend that improvement of nutrition and normal capacity to assimilate food is all that is required in neurasthenia, for the baffling fact stands out that many neurasthenics digest and assimilate food fairly well, but do not recover their normal tone. There is a screw loose somewhere, and the machine does not work smoothly and well. Consider, for a moment, the treatment of neurasthenia during the past decade. It ranged all the way from milk diet and rest cure, through the outdoor and work cure, down through the

administration of a multitude of drugs, to forced feeding. The majority of neurasthenics have not recovered under any form of this treatment, or all of them combined. True, some severe cases have been greatly benefited by temporary change of scene, pleasant environment, or sanitarium methods, only to relapse when they resumed their customary environment and habits of life. The commonly accepted treatment of tuberculosis by outdoor living and forced feeding alone, as a rule produces the same results. There is a temporary gain, which is speedily lost as soon as the patient resumes normal relations of life, or returns to former environment. Can such alleged cures be considered true cures? They do not appeal to me as such.

Tuberculosis, diabetes and Bright's disease are other notable diseases caused by defective metabolism. The commonly accepted treatment of these diseases, except that based on the restoration of metabolic function, is not conspicuous by its success. The profession is working along these lines, and the outlook, based upon results already secured, is most encouraging.

A chain is as strong as its weakest link. Disease, whatever may be its cause, seeks out the weakest region or organ of the body. This weakness may not be inherent, but may be due to environment, occupation, habit, or climate. To magnify a predisposition or weakness, to emphasize or give undue prominence to disturbances occurring under these circumstances, seems irritational, unless the first cause be recognized and removed.

Things are as they are; and we must make the best of them, as travelers do or ought to do, well knowing that in the course of a long journey they cannot expect to have every day fine weather, good inns, good roads and good company.—John Jay.

PRESCRIBING ALCOHOLICS

By W. Stewart Leech, M. D., Brooten, Minnesota.

The physician's relationship to the general public in local option towns is little understood, and his conflicts and arguments with his patients for the supremacy of law and order, is seldom appreciated.

When a question is submitted to the will of the people, and that fiat goes forth with the majority of the local humanity back of it, obedience, without any hesitancy, should be the rule. Many strive to defeat this will by using the physician as a tool. If the medical man is weak, or if his love of greed is greater than his love of what is right, he readily lends himself to the evil doers, thereby prostituting his privileges. In doing this he—the exception—violates the confidence of the law-givers, treats their laws with contempt, aids the weakling in evading the law, and becomes himself the "arch-blind-pigger" of the community. The people in framing the laws, regulating the sale of intoxicants and prohibiting them entirely in certain states and localities, have placed a jewel in the hands of the physician and the druggist, more precious than pearls. That jewel is confidence or trust, then why should we violate this confidence? They recognize our ability above all others, as men of medicine, and granted us special privileges—privileges that were never intended to be abused. The disease that demands the use of alcoholics is a rarity, and he who prescribes it often portrays a deficiency in his therapeutics, or a sad incapacity to treat human ailments. If a special class persist in violating a granted privilege, the next step can be nothing else than a revocation of the license by the power granting the license, and if necessary the whole body will be deprived of the special rights.

More than half of the whole nation is rum-soaked and wedded to the abuse and

criminal use of intoxicants, and to prophesy from the present political aspect, based our judgment of prophesy on the historical records of prohibition districts of the South Atlantic states, it will only be a matter of less than a generation before local or total option confronts every medical man in the northwest. Shall we incline our ear to the beggary voice of the preverted, ambitious appetites of the deluded few; or shall we, as men of science, hew to the straight line by relieving and curing all ailments, ignoring completely every voice that ignorantly appeals to us for a departure from the true course? When in doubt, it is the safest plan to give one's self the benefit of the doubt. The physician or druggist who lends himself to aid in evading the law, is a law-breaker, guilty of treason and a violator of confidence.

The druggist's violation of this trust imposed in him by the law-makers, has already caused a curtailment, the evidence of which is a law in Minnesota and other states, which prohibits the refilling of prescriptions that call for alcoholic beverages. In this the innocent suffer no less than the guilty. We recognize that liberty is what we desire and he that violates no law has all manner of liberty and is not subject to the law.

Self-control, in the individual no less than in the nation, is the highest mark of civilization. Alcoholics are dwarfing the brains, predisposing the system to disease, and playing havoc with the nerves of self-control. With inhibitory action destroyed, there will soon be no "fittest to survive." Let us then, as men among men, unite with the moralists and aid them in ridding the nation of a great evil that our love, the human family, may survive and grow in beauty and strength.

There are some things I am afraid of,
—I am afraid to do a mean thing.—
—Jas. A. Garfield.

TREATMENT OF PNEUMONIA

By Edward C. Rothrock, M. D., Palestine, Texas.

Watch carefully the condition of the heart, and circulatory system, and also the conditions of the nervous, system. If the heart should begin to fail, or heat of skin become excessive, measures must at once be taken to stimulate the vascular system, or lessen the ill-effects of high temperature on the blood and tissues. The vascular and nervous systems are so closely connected that undue excitement, or failure in one, is associated with a correspondent condition of the other. A loss of the regulating power of the nervous centers over the production of heat of the body coincides with increase in rapidity of the pulse. The nervous system may have to be stimulated or soothed. Rest is imperative. Diet should be liquid, and easy to digest. Good food and good nursing are important factors in the treatment. If fever is high and secretions imperfectly performed, tr. aconite one drop every hour, until temperature reduced, then every 2 or 3 hours, is very efficient in this condition. If there is excess of sputum, rattling of mucus, nausea, a sense of suffocating, dyspnoea, violent throbbing of the heart, oppressed chest, dry cough, give tr. ipecac, two drops and tr. sanguinaria, one to two drops, every hour or two according to indications, wine of antimony, one to two drops, in place of ipecac. If respiration is short, labored and rapid, and accompanied with a sharp pain ,a hacking, painful cough, very little expectoration, then bryonia alba, one to two drops every hour; carbonate ammonia, five grs. every three or four hours will also do good. If liver is involved, manifested by coated tongue, pain under scapula, so called "bilious-pneumonia," sanguinaria, one to two drops, or syrup 20 drops, alternated

every two hours with tr. cheledonium, twenty drops. If typhoid symptoms, action of heart feeble, tr. nux vomica, one drop alternated every two hours with tr. phosphorus, two drops will maintain the vascular and nervous system. If pleuro-pneumonia, with dry skin, fever high, aconite one drop every one or two hours, and asclepias syriaca, or asclepias tub., twenty drops every two hours. If cerebral symptoms manifested by nervousness, delirium, flushed face, injected eyes, sleepleness, picking at bed covering, tr. belladonna, four to five drops every three or four hours until relieved is invaluable to draw the blood from brain and spine. A large hot poultice applied to seat of disease is comforting, relieving pain, relaxing the skin, distending the vessels and drawing a large amount of blood to the surface relieving the engorged lung; cupping is also of great use. We frequently use turpentine on poultices to advantage, and their effect is enhanced. A good many cases of pneumonia will recover without treatment between youth and adult age, except rest and diet. Alcohol, diet and good nursing are the main factors in the treatment.

M. Metzenbaum, Cleveland, Ohio (Journal A. M. A., November 17), advocates the use of the open or drop method of ether administration, using the ordinary Esmarch or chloroform mask covered with six or eight layers of gauze ,and held ,at the beginning, six or eight inches above the patient's nose. The patient is directed to count slowly after the anesthetist, or to breathe in and out or to blow the vapors away. The ether, in the ordinary chloroform bottle with dropper, is allowed to drop on the mask somewhat more rapidly than if it were chloroform ,and the bottle is moved continually so that the drops fall on all portions of the mask.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

ABORTION OF TYPHOID FEVER

I was very much interested in Dr. J. T. Vick's article on Typhoid Fever, in the December Recorder, and believe his treatment is good for many cases, but would not trust it in all cases. In the early stages of sthenic cases I believe typhoid fever can be aborted by heroic treatment. It is a little risky for both patient and physician. I would not treat a patient just exactly as Dr. Vick does, but very near like him. I would control the temperature with large doses of acetanilid compound (acetanilid 7 parts, sodium bicarbonate 2 parts, and caffeine 1 part).

Dr. Vick says: "The first thing upon being called to see a patient is to reduce the temperature with antipyretics," and this is all he says about it. He does not mention any certain drug or say another word about the reduction of the temperature. I would use the calomel in alternation with potassium nitrate as the late Dr. Ben H. Brodnax used it in erysipelas, and claimed would abort erysipelas, in place of using only calomel alone, as Dr. Vick does.

I would use it as follows: Give three ten grain doses of calomel and three twenty grain doses of potassium nitrate. Commence with the calomel and alternate with the salt peter every half hour until all are taken. Dissolve the potassium nitrate in a wine glass of water. Dr. Brodnax said: "In twenty years I have seen but one case of ery-

sipelas that the fever did not leave inside of ten hours and the skin to commence to flake off in twenty-four to thirty-six hours afterwards." If this fails the first time after it has acted on the bowels, Dr. Brodnax repeated it in twenty-four hours. He followed this with tincture of iron.

Dr. Vick says: "Administer thirty grains hydrargyri chloridum for an adult, children in proportion. Take in five doses and follow with oil or salts;" and then he further says: "Repeat the calomel every twenty-four hours and it will not be over forty-eight hours until you have the fever broken and typhoid or continued fever with its alarming prognosis will be aborted."

This is all that Dr. Vick has to say regarding the use of calomel. He does not give complete directions. I would consider the alternating of the niter with the calomel very important as niter is a febrifuge and a very useful diuretic and has recently been claimed to be specific in malaria. Dr. F. P. Davis, of Agra, Oklahoma, says it is a more reliable antiperiodic in malaria than quinine. He uses it in very large doses frequently, repeated just before chill time.

I would use quinine like Dr. Vick stated that he used it; that is, five grains every four hours, and I would, in some cases, use much larger doses than this, and sometimes combine it with capsicum; say one grain of pulverized capsicum to each dose of quinine. The acetanilid compound can be alternated or combined with the quinine or the quinine and capsicum. I fully believe that this heroic treatment will abort typhoid fever if the patient can stand it, and most of them can. I would use the acetanilid compound in five to ten grain doses often enough to keep the temperature nearly normal, or to normal.

The acentanilid compound would be an important remedy in the treatment. It is a well known fact that a single large dose of acentanilid has aborted fever. Not long ago a physician told me that his wife once had a continued fever and he was very busy with his practice and his children were giving her medicine. One day he came in and found her fever still high and accused them of not giving the medicine according to his direction and was somewhat aggravated because she was not getting along as well as he thought she ought. In somewhat of a passion he jumped up and gave her a large dose of acentanilid, and shortly she claimed to be very chilly and her temperature went below normal, then back to normal and stayed there. The fever was aborted at once.

Dr. Brodnax was a reliable physician and if the calomel and niter treatment would abort erysipelas, a so-called self-limited disease when used as directed above, it would surely be of value in aborting other disease or assist in aborting them. It will certainly arouse the liver and kidneys, which is very important in most fevers. Of course, if this should not act as a purgative in a reasonable length of time it should be followed with castor oil or Epsom salts, or similar remedies. I have never given it to a patient but what it acted freely without having to give any other remedy. There is another good thing which I will mention and that is sweating; a fever can simply be sweated off and aborted at once, but, like the above, it is heroic treatment and the attending physician should exercise good judgment when giving such treatment. When giving such treatment the patient is placed in bed and hot rocks placed around, then wrapped in clothes wrung out of hot water; or what is better, ears of corn which have been boiled for a while in water, taken out when hot, wrapped in clothes and placed around the patient. The patient should take small and frequent doses of asclepias (pleurisy root) and crawley (corallorhiza odonthorhiza) with min-

ute doses of lobelia. It is best to give these remedies by infusion or the fluid extracts in warm water. Dose to effect a very free sweat and just keep it up for a while. These remedies can be given freely as they are all non-toxic. Of course do not give enough lobelia to cause the patient to vomit unless it is along toward the last when it is all right to do so, but best not to. When using lobelia and crawley it should be remembered that they should not be put in boiling water as very hot water injures or kills their effect. After the fever is broken use tincture chloride iron in thirty-drop doses three or four times a day, and give strychnine or nux vomica in good size doses. As a rule I prefer nux vomica in place of strychnine, as one writer well said that the system can be compared to a cart in a mud-hole—strychnine will lift out part of it, but nux vomica will lift it all out.

I find the following in the November, 1906, American Journal of Clinical Medicine: "Forty years ago Thompson claimed to abort typhoid fever in six days by full doses of oil of sassafras."

In the November, 1906, Medical Brief, I also find: "In looking over my clippings from medical journals for more than forty years I find one taken from the Brief, written by Geo. Kidwell, Greenwood, Ark., in which he claims that typhoid fever can be aborted in from three to five days by using the following compound:

℞

Syrup rhei	4 oz.
Oil sassafras	20 drops.
Piperin	10 grs.
Subcarb. soda	20 grs.

M.—Add tinct. valerin two ounces. Sig.—Teaspoonful doses from one to three hours as symptoms demand.

How many of the brethren have tried and can verify this treatment. The doctor gives the medicine in twice its bulk of sweet milk."

The alkaloidal or dosimetric physicians claim to be able to abort typhoid fever by first giving calomel and podophyllin, each gr. 1-6 every thirty minutes until a grain of each is taken; two hours after the last dose is taken given saline laxative in hot water. When the bowels move freely give from five to ten grains of zinc sulphocarbolate or sodium sulphocarbolate every two hours, or enough to keep the bowels sweet and clean. In full-blooded (sthenic) patients give aconitine amor. and veratrin, each gr. 1-134, and digitalin gr. 1-67 every fifteen to thirty minutes until the pulse softens; then every half hour to hour. They keep the pulse at eighty or under. In asthenic cases strychnine, gr. 1-134, is substituted for veratrin, and the compound used the same way.

I have seen the statement made that in typhoid fever if deafness occured in one ear the prognosis was unfavorable and if it occurs in both ears, favorable.

All physicians should consider heroic and abortive treatment as well as mild, slow and safe treatment, and the mild, safe abortive treatment. Each has its advantage in properly selected cases and a physician should use what in his judgment is best, regardless of what it is or from the source obtained.

John Albert Burnett, M. D.,
Dean Spring, Arkansas.

The butcher thinks the baker has an
easy time through life;
The baker thinks the doctor's path is
ever free from strife;
And to all this truth comes home as
through this life we bob—
It's the other fellow every time that
has the easy job.

—Technical World.

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Alcohol as an Antiphlogistic. Senn (Denver Med. Times) says that the local use of alcohol, diluted one half or three-fourths, is very effective in the treatment of erysipelas inflammation and other forms of acute superficial lymphangitis.

* * *

New Spelling of Drugs. Since the advocacy of the new spelling by Carnegie, Roosevelt et al, a country druggist reports the following, scribbled on a piece of brown paper, brought in by a farmer's ten year old son: "Tin cints of hogs eyed zinc."

* * *

Antiseptics for the Mouth. Gendre (Bulletin gen de Therapie):

℞

Acid thyme .....0.10 or gr. iiss.
Acid benzoici ....3.00 or gr. xlv.
Tinct. eucalyptus, 10.00 or dr. iiss.
Aquae.....1,000 or quarts 1.

* * *

Post Partum Hemmorrhage. Nineteen cases are recorded. One case was purely atonic and required plugging with iodoform gauze. In eight cases the hemorrhage was associated with retained placenta, all of which required manual removal. Hot uterine douches were successfully employed in all other cases.

* * *

Itching of the Skin. To relieve this Besnier (Journal de Medicine de Bordeau) recommends:

℞

Phenolis.....0.50 or gr. vii ss.
Glyc. amyli...100.00 or oz. iii ss.

M. S.—Apply gently on the regions affected.

For Migraine and Rebellious Neuralgias:

℞

Salophine,..5.00 or dr. i., gr. xv.
Phenacetine,.... 2.00 or gr. xxx.

M. fiat capsules No. x. S. Take one, two or three every three hours.—Bulletin Generale de Therapeutique.

* * *

Hemorrhoidal Suppositories.

℞

Chrysarobine.....0.75 or gr. x.
Iodoformi.....2.40 or gr. xxvi.
Ext. belladonnae.....12 or gr. ii.
Ol. theobromatis, 24.00 or dr. vi.

M. fiat suppositoriae No. xii. S.—Insert one each evening. In three or four days the hemorrhage disappears and recovery soon occurs.

* * *

When to Give Bromides. Hertenberg, (Clinic) says that bromides should be given in nervous affections with excitement, agitation, palpitation, or spasms on condition that the nourishment of the body and nervous system is satisfactory. If the system needs building up the bromides should not be given. Bromides are best given in cachets in the middle of meals.

* * *

Webster (Med. Summary) has found the following to be very efficacious in the treatment of whooping cough.

℞

Resorcin.....gr. xv. or 1.00.
Quinae tannate....gr. x. or 0.65.
Pulvis acaciae....oz. 1, or 30.00.

M. S.—Make impalpable powder and use in an insufflator, freely blowing it into the nose every three hours.

Improved Liver Regulator. One said to be superior to Simmonds is as follows: Hepatica, one ounce; leptandra, one ounce; serpentaria, one ounce; senna, one and a half ounces. Mix and place the ingredients in two and one-half pints of boiling water, allow to stand eighteen hours, then strain. Add one-half pint of good whisky.

* * *

Liniment for Inflamed Joints.

℞

Acidi salicylici . . .12.00 or dr. iii.
Tincturae opii. . . .6.00 or dr. 1 ss.
Olei terebinthinae. .30.00 or oz. 1.
Oleii carophyli. . . . . .90 or oz. iii.
Spiriti vini rectifici, U. S. P. q. s. ad 180 or oz. vi.

M. S.—Use as liniment. Manly, Medical Review of Reviews.

* * *

Acute Cystitis. Lydston (the immortal G. Frank) recommends the following in the Reviews of Reviews.

℞

Potassii acetatis. . .oz. i or 30.00.
Fluid ext. buchu. .oz. i or 30.00.
Spir. aetheris nit., oz. i or 30.00.
Codeinae sulphatis, gr. iv. or 0.25.
Infusi tritici repentis. . . . .q s ad . . . . . .0 i. or 500.00.

M. S.—Take one tablespoonful every three hours.

* * *

Migraine. Mendel (Deutsche Med. Wochenschrift) recommends the following:

℞

Sodii brom. . .2.50 or gr. xxxviiss.
Sod. salicylatis, 2.25 or gr. xxxiv.
Aconitini. . . . . .0.0001 gr. 1-600.

M. S.—This should be taken in a cup of valerian or orange blossom tea on twenty consecutive days after breakfast. The next ten days should constitute an intermission. The medicine should then continued until there is an intermisbe taken again for twenty days and this sion.

Professor Blackie was a wonderful compound of learning, insight and eccentricity bordering on craziness. He went, one night, to an asylum kept by a friend of his and gave an entertainment to the inmates, consisting of Scottish songs, dancing the highland fling and what not. Next morning one of the old women patients said to one of the doctors making his rounds: "Wonderful are the ways of God. Only to think I am shut up here and yon body is going about loose."

* * *

Rotunda Hospital Report. The report of this Dublin institution is replete with information. Placenta praevia was observed but three times during the year, and in each the placenta was felt by vaginal examination. Hemorrhage in every instance, was considerable. In two bipolar version was undertaken; the cases were afterwards left to nature. Both children were born dead. In the third the woman entered the hospital on account of considerable flooding. She remained under observation in the hospital for a few days when labor started and she delivered herself of a living child without further bleeding.

* * *

Celluloid Varnish. The following process is highly recommended by the Neuste Erfindungen and Erfahrungen for preparing celluloid varnish, which is found to be very useful in surgery. Colorless celluloid in thin sheets, which is cut small, is placed in a stoppered bottle and covered with a solvent consisting of methylated spirit and ether in the proportion of 4 to 1. The whole is allowed to stand with occasional agitation until the cellulose swells and dissolves, forming a clear syrupy liquid which is brought to the desired consistency by the addition of more of the solvent. The varnish may be rendered pliable and elastic by adding castor oil two per cent of the total weight of the varnish

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

A FEW THEORETICAL DEDUCTIONS.

The present day orthodox treatment of pneumonia is eliminative, supporting and generally symptomatic. Cathartics at the beginning, alkaline diuretics, such as citrate of potassium and liquor ammoniae acetatis as eliminants. Strychnine is the heart tonic of choice, digitalis and alcohol being contra-indicated, as the heart is already overworked and these drugs would add, by over-stimulation to the heart, exhaustion which follows inevitably in the course of pneumonia. Fever is generally let alone, unless excessive, and then treated by cold applications. Cough is relieved by heroin or codeine. This is a brief summary of the "best" treatment in vogue in the New York hospitals and pretty generally followed. What are the results? Poor, according to the statistics furnished by hospitals and larger cities. The profession is pessimistic in its views of pneumonia. For many years it has been groping vainly for a specific remedy for pneumonia. With the discovery of its bacterial cause hope ran high that antiseptic treatment would destroy the pneumococcus and cure the disease. Antiseptic inhalations and internal remedies have been used, sometimes with apparent benefit, but altogether antiseptic treatment has proven a disappointment.

Then, after the analogy of the diphtheria antitoxin, pneumonia antitoxin was prepared, but its success has, so far, been but small. But investigation along the line of serum pathology has led to the conclusion that a diseased body throws off its disease by producing its own antitoxin. As it is impossible to reach the pneumococcus directly and no absolutely effective serum has as yet been found, may it not be possible to supply, artificially, those conditions under which the body manufactures its antitoxin against the pneumotoxin. The key to this may be found in that highly valuable work by Sajous, "The Internal Secretions." On page 787, he says: "The primary effect of deficiency of alkaline salts in the blood being to inhibit nutrition, to impair the efficiency of and finally arrest the protective functions of the organism, it constitutes one of the most active causes of death." And further: "Steadily, as the febrile process advances the salts are consumed, and being inadequately renewed, the vital and defensive functions are increasingly hampered until life ceases."

Reasoning from this, saline solution is recommended because it supplies the necessary sodium chloride, maintains the normal alkalinity of the blood and thus enables the organism to exercise its own protective and defensive functions. The use of the salt solution is not to be postponed until a desperate condition prevails, but should be resorted to from the beginning. The value of the alkaline diuretics, given as eliminants, may depend really on their helping to re-establish the proper proportion of salts in the blood.

The same result, namely the maintenance of the normal alkalinity of the blood, may be accomplished by other and supplementary means. It is stated that, when oxygen is lacking in the animal organism, the oxygen affinities take up chlorine instead, and this may account for the characteristic disappearance of the chlorides from the blood in pneumonia, which is a suboxidation disease. If, however, the oxygen-carrying power of the blood can be increased, then this drain of chlorides will be stopped and the alkalinity and resisting power of the

blood preserved. In this way, perhaps, the good results which some have reported from the empirical use of iron in pneumonia, may be explained. Iron and salt solution might then be looked upon as supplementary, one tending to preserve the normal alkalinity of the blood, the other to supply it from without.

Another useful therapeutic hint may be derived from a consideration of leucocytosis. The more active the leucocytosis, the more favorably the prognosis in pneumonia and vice versa. Whatever increases leucocytosis must therefore be beneficial in the treatment of pneumonia. Again saline solution does, also sodium salicylate, a drug which has gained high repute in this disease. Alcohol, on the other hand, diminishes leucocytosis; a good reason why it should have no place in the treatment of pneumonia.

THE FIGHT AGAINST TUBERCULOSIS.

Among the many ideas brought out at the last International Congress of Tuberculosis two are particularly noteworthy. The French lay great stress upon the importance of giving attention to a class which they define as the "pretuberculous," meaning by that term those who from one cause or another are so constituted or so reduced in vitality that they seem likely subjects for infection with tuberculosis. They insist that these individuals should be treated much as if they were already tuberculous in order to prevent them from becoming such. If this is done many may be saved from the disease; young, pale, delicate individuals, or those with greatly reduced chest capacity, particularly children, may readily be classed as pretuberculous, and by judicious care or treatment may be prevented from acquiring the disease. The idea might well be generally accepted by American physicians, for that same class of persons is numerous among us. It comprises chiefly those who are said to inherit tuberculosis; that is, those who inherit a lower vitality so that they offer a favorable soil and weaker resistance to the infection.

On the subject of feeding of consumptives there is pretty general agreement that correct feeding is much better than over-feeding, and that many and frequent grave errors are being committed by the forced feeding of patients as practiced by sanitarium physicians in particular. The French claim to obtain quicker and surer improvement by feeding raw meat, than from any other food.

AFTER-CARE.

New problems arise constantly out of new conditions and demand attention and solution. One of the newest is how to care for the poor recently discharged from a sanitarium for tuberculosis or an insane asylum, not very different from the task of aiding criminals just out of prison to gain an honest living.

It is evident that a person in whom sanitarium treatment has effected, if not a complete cure, at least a latent state of tuberculosis, if returned to the same work and environment in which he originally contracted the disease, is almost sure to relapse. Cured patients should not return to the strenuous life of the large city, or the relapse will occur in a short time. A country life without too much work and with plentiful opportunities for outdoor air and wholesome food is the ideal of post-sanitarium life for the tuberculous. Unfortunately this is hard to obtain for most of the poor. Society owes it to them and to itself to provide for them the best possible conditions. It is an important phase of the crusade against tuberculosis, a necessary supplement of sanitarium treatment and must be thoroughly looked after. A movement is already begun for the aid of the cured insane. A society for the purpose was founded in England a few years ago and is doing excellent work. The secretary keeps in touch with superintendents and is informed, when patients are about to be

discharged, who are poor or without home and friends. Boarding places are provided for such in homes where their board is paid for several weeks until their health is fully restored and they are able to work. Employment is found for them in as suitable environments as possible and the society keeps in communication with them until they are absorbed into the community as self-supporting men and women.

Such an organization accomplishes a great service and by preventing relapses decreases greatly the expense incident to the support of patients in insane asylums, for relapsed cases often prove particularly intractable. During the last year a similar organization has been established in America which deserves the moral support of the medical profession.

THE BUSINESS SIDE OF THE PRACTICE OF MEDICINE.

It is generally agreed upon by physicians that our calling brings smaller financial returns than any other, considering the outlay of cash capital and personal effort. The statement is commonly made that the average income of the American physician does not exceed, if it reaches, $1,000 per annum. This is not easy to prove. But a western physician, Dr. Christian Johnson of Willmar, Minn., presents in the Northwestern Lancet, a few positive data on the subject. He says: "In the county in which I live, an ordinary, prosperous, intelligent farming community, contains a population of twenty thousand, with a city of five thousand and several smaller towns, there are twelve legally qualified physicians. They collect annually—I estimate—between $20,000 and $25,000. One half of us are old men, above or close to sixty years of age and while all these old men have worked hard and lived economically all their lives, none of them are rich—I mean rich enough to retire from practice, as is the case with quite a number of business men who started out with nothing in the same community when our old physicians began practice.

"To get at the amount of money spent for fakes, quacks and nostrums in our county per annum the newspapers of the country have been studied for advertising earnings. It is certain that they get at least $5,000 a year for quack-nostrum advertising and perhaps much more. The gross sales in our county of so-called patent medicines alone is certainly over $20,000 per annum—practically equal to the amount twelve regular physicians collect. Now, add to that the annual outlay to traveling specialists, advertising quacks and to medical fakirs of all kinds, to counter prescribing, etc., and it is safe to say that regular physicians get about twenty-five per cent of the money annually paid out by the community for health and long life."

These figures may be accepted as fairly representative for average communities. In the east the showing may be even a little less favorable. Certain it is that few physicians accomplish financial independence. Everywhere our colleagues must stay in the harness until they drop.

The song of the nightingales may be so mournful because morning after morning they find their bills all over dew—Technical World.

Vidal and Ramond cured a case of cerebrospinal fever by injecting colloid silver into the spinal canal.—Le Progres Medical.

In the Syracuse Post-Standard of December 11th, we note that in a court case the Peruna Co's. chemists testified that that preparation contained about 27% of absolute alcohol, with a trace of cubebs and ginger, some copaiba and other drugs.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 JANUARY, 1906 No. 1

THE PHARMACOPEIA

Several drug journals published in New York City have taken exception to a note recently appearing in a medical journal concerning the absence of the newest edition of the Pharmacopeia from New York drug stores. They unanimously state that the information on which this note was based was incorrect, and that the latest edition of this work can be found as a rule and not exceptionally in the New York pharmacies. We are glad to hear it, and hope they are right. We further hope that the agitation of the matter may result in the more general use of this work both by physicians and druggists of New York and elsewhere. The appearance of a new Pharmacopeia should be accompanied by the complete disappearance from the druggists' shelves of every preparation made according to the old formulas, and their replacing by corresponding preparations made according to the latest authoritative methods, also by notification of every physician that this has been done, that they may rearrange their prescriptions in accordance with it. The confusion which it is claimed would result from the substitution of the metric scale in these matters is as nothing compared to the confusion from a failure on the part of druggist and physician universally to accept and act upon these suggestions. We are glad the matter has been broached, and more especially are we pleased to be able to quote such good authority as to the correct methods and general trustworthiness of the New York pharmacist. Personally we like the American pharmacist and believe in him, and our attitude to him is not one of antagonism, but exactly the contrary. We want to respect his rights and we want him to respect ours. We would like to see the two professions amalgamated, believing that this is the only possible way in which strife can be extinguished, as it was in the United States navy by the amalgamation of the old line with the engineer corps.

EDITORIAL NOTES

Farp recommends sparteine for mitral regurgitation and in arhythmia; grain 1-16 only.

There may be honor among thieves, but tobacco amblyopia was first detected and given away in 1792, by Beer.

The Medical Record of December 15 contains an interesting paper on leprosy in the Philippines, by Major Ewing.

The New York State Commissioner of Excise is suing the Peruna company on a charge of violating the excise law.

The supply of microbes having run out, Girault has opened war on the bedbug. More power to him. Let us all help.

Glonoin relieves peripheral tension and thus favors elimination, without removing its cause as will piperazine, says Clevenger.

Clevenger terms Haig a genius with a headache. The profession has learned to substitute "autotoxemia" for "uricacidemia."

Medicine becomes extinct with the December number, and Harold Moyer retires from editorship, both to our great personal regret.

The nurses' schools are beginning to cry for more candidates. Good. The three years' course is beginning to wane in attractiveness.

It makes a man proud of the American press to see how many periodicals refuse patent medicine ads and fight this great evil boldly.

Schieffelin says there are New York druggists who give away cocaine for the purpose of making custom by creating the habit. Possible?

The Peoria Star of December 12th, stated that Mrs. H. A. Ulmer, of Roseville, Ill., died from the effects of patent medicines.

Excessive arterial tension may be reduced by relaxing the arteriole-capillary spasm, sedating the heart force, or lessening the bulk of the blood.

Zandardini and Billet report favorably on the treatment of dysentery by means of creosote, one to two per cent emulsions in egg or almond oil.

Internal evidence shows that nine-tenths of the material in the English medical journals is furnished by Professor Dryasdust. The Birmingham Medical Journal is a notable exception as it is interesting and practical.

Letulle reports the death of a pregnant woman from injections of gray oil. Her kidneys showed parenchymatous degeneration. Salivation ensued.

Clevenger says digitalis spurs the failing heart, and in that phrase is the warning as well as the indication for its use. He rightly directs attention to the condition behind the failure.

The St. Cloud, Minn., Press of December 6th, says that a six months' old baby at Belgrade died from the effects of soothing syrup, given in accordance with a circular sent to the parents.

Andrews, in The Lancet, says: The streptococci are at the present exclusively attached to the animal body, and in particular to the alimentary canal. Here and here alone they flourish and prevail in incredible numbers.

The Lightning Medicine Co., of Rock Island, has gone into bankruptcy. It must be getting hard lines for some of the nostrum venders. We sincerely hope that it is so, and that the public are at last getting their eyes open.

Elbert Hubbard, of Roycrofter fame, says in an autobiographical sketch: "My father was a country doctor, whose income never exceeded five hundred dollars a year." No wonder the philosopher-crank does not think much of the medical profession.

A valuable paper in the Boston Medical and Surgical Journal for December 13, treats of ataxia and its treatment by co-ordinative exercises. The trouble about such articles is that ignoring all other methods, they leave the impression that there are no others.

Dr. G. G. Burdick, of Chicago, is contributing some vigorous articles to The Recorder which every physician should read as nothing like these articles has ever been published in medical journals before. Dr. Burdick is now making some startling exposures and later will give the remedy.

Carstens says: If mothers would explain the physiological processes of reproduction to their daughters there would be very little illegitimacy.

We should not be impatient at the slowness of the world to take up reforms that seem obvious to us, when, as the Lancet tells us, the practice of "breaking the nipple strings" of newborn infants still prevails in the United Kingdom.

The Oklahoma Medical News-Journal makes a plea for the independent medical journal that should meet a warm response. We would be sorry indeed were we to believe the profession did not appreciate the necessity of supporting the independent medical press.

In the February number we shall commence the publication of an important series of articles by Dr. M. A. Blanton, of Baileyton, Tenn., on diseases of children. One article will be published each month for a year or more and the articles will make a valuable treatise on practical pediatrics. Dr. Blanton is an experienced practitioner and a finished writer and will contribute articles which will help every general practitioner.

Francis Hare, in The Lancet, enumerates thirty-four cases in which inhalations of amyl nitrite stopped hemoptysis. Experiments by Pic and Petitjean showed that the drug injected into the femoral veins of dogs, within a few seconds, induced an exsanguine condition of the lung tissues, commencing on the pulmonary surface and extending over the whole lung, enduring for about seven to ten minutes before the natural color had returned. The action was due to an active vasoconstriction of this tract as much as a vasodilation of the periphery. There was a simultaneous rise of pressure in the pulmonary artery. Nevertheless, this agent has proved effective in systemic hemorrhages such as menorrhagia and post partum forms.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A Primer of Psychology and Mental Disease. For Use in Training Schools for Attendants and Nurses and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association; of the American Medical Association; Foreign Associate Member Societie Medico-Psychologique of Paris, etc. Third Edition. Thoroughly Revised. Illustrated. Pages viii-183, 12mo. Bound in Extra Vellum Cloth, $1.25 net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

That this book has now reached its third edition is evidence that it has been appreciated by the many who have purchased it.

The leading features of the book are:

The simplification of the study of psychology: short definitions, plain language, unencumbered descriptions of mental processes and illustrations.

The unique plan of Part II., viz.: The discussion of mental disease in its symptomatology from the psychological side; also the brief and practical definitions of insanity and the classification of causes. In this section is given the modern classification of forms of insanity, and the medical treatment of insane conditions is discussed, increasing the usefulness of the book to the medical practitioner and student.

Part III. deals with the management

of cases of insanity from the medical standpoint and is an entirely new feature of this third edition.

Part IV., on the management of cases of insanity from the nursing standpoint, will be found thoroughly practical. Nothing vital is omitted. The relations between patient and attendant or nurse are discussed in detail from both the scientific and ethical sides. This part of the work would answer every reasonable requirement as a rule-book for the government of nurses and attendants in hospitals for the insane.

An admirably arranged and thoroughly complete index adds to the practical value of the work.

The book will be found a good addition to any doctor's library.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VIII. Materia Medica and Therapeutics; Edited by George F. Butler, M. D., Professor of Medicine, Post-Graduate Medical School of Chicago, and George S. Browning, B. S., M. D. Preventive Medicine; Edited by Henry B. Favill, A. B., M. D., Professor of Therapeutics and Preventive Medicine, Rush Medical College, etc. Clinmatology; Edited by Norman Bridge, A. M., M. D. Forensic Medicine; Edited by H. N. Moyer, M. D. Series 1906. Pages, 267. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

About two hundred pages of this volume are devoted to materia medica and therapeutics. Dr. Butler has prepared an excellent resume of a year's literature and added many excellent comments from his own large experience. This work forms an excellent supplement to any standard treatise on materia medica.

The section on preventive medicine by Dr. H. B. Favill, presents an interesting and helpful review of a year's progress in this field.

The sections on climatology and forensic medicine give summaries of the more important articles published on these subjects.

This volume is a very interesting and valuable issue of this series of books, every one of which is a useful addition to the physician's library.

DISEASES AND DEFORMITIES OF THE FEET. Describing the Treatment and Appliances used by the Author. By Robert J. James, M. D., C. M., of Seattle, Wash. Pages 75. Illustrated. Cloth. Price, $1.00. The Clinic Publishing Co., Chicago.

This is a little book which will bring many dollars to the doctor who will study and practice what it teaches. Very little attention is given to this subject by most physicians, and patients are allowed to go to chiropodists when much better work could be done by the physician. The numerous specialists are making inroads on the general practitioner, but here is a neglected source of work and revenue neglected by the general practitioner.

The author says: "There is not a speciality in medicine today offering as good or clean a field as diseases of the foot, if scientifically treated. The majority of physicians disdain the chiropodist's art, but a month's service as assistant to a first-class chiropodist would open the eyes of the best physician."

The book gives the anatomy of the foot and proper treatment for all diseases and deformities of the foot. The volume contains some excellent advice.

A Compend of Genito-Urinary Diseases and Syphilis, Including Their Surgery and Treatment. By Charles S. Hirsch, M. D., Asistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital. Pages 351. Illustrated. Cloth. Price $1.00. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This is a practical volume on genito-urinary diseases, epitomizing the mass of matter in the standard text-books. The book will facilitate the student in mastering the important points of the subject and will aid the practitioner by giving him a compact book that treats of these diseases tersely. The book begins by giving a chapter on examination of urine and the clinical significance of the findings. Succeeding chapters give the anatomy of the genito-urinary organs and descriptions of the various diseases with the best and latest treatment, both medical and surgical. The newer aids to diagnosis—cystoscopsy, cryoscopsy, ureteral catheterization, X-ray, etc.—are fully dealt with. In the back of the book is given a valuable collection of formulas which have proven of value. The volume contains seventy illustrations.

Studies in the Psychology of Sex—Erotic Symbolism, The Mechanism of Detumesence, The Psychic State of Pregnancy. By Havelock Ellis. 6⅜ x 7⅞ inches. Pages x-285. Extra Cloth. $2.00, Net. Sold only by Subscription to Physicians, Lawyers, and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

This is the fifth volume of this series of studies in the psychology of sex. Under "Erotic Symbolism" the author has included practically all of the aberations of the sexual instinct. The psychic state of pregnancy is an important and interesting subject, worthy of careful study. This series is probably the most important work on this subject ever published. The next volume in the series will be the concluding volume and will consider the bearings of the psychology of sex on that part of morals which may be called "social hygiene."

BOOK NOTES

The December number of Annals of Otology, Rhinology and Laryngology, is a "Fraenkel Festschrift number" and is probably the best issue of a magazine devoted to these subjects ever published in this country. It contains articles by many leading men of the United States and several articles by well known experts of Europe. The number contains about six hundred pages and is illustrated with many plates, half-tone and colored. This journal should be read regularly by every practitioner giving attention to otology, laryngology and rhinology. It is published by Jones H. Parker, Mermod-Jaccard Building, St. Louis.

The leading feature of the January McClure's Magazine is the first installment of the story of the life of Mary Baker Eddy and the history of Christian Science. This installment is headed "Forty Years of Obscurity" and tells of the early life of Mrs. Baker. McClure's Magazine has investigated thoroughly the life of Mrs. Baker and is publishing for the first time her true history. Some of the other contents of this number are: "The Man Who Knew," by Percival Gibbon; "Reminiscences of a Long Life," by Carl Schurz; "The Drama in Our Town," by Eugene Wood; "On the Night Trail," by Chas. G. D. Roberts; "The Great Jewish Invasion," by Burton J. Hendrick. The number contains good fiction, pictures and poems.

In the January Cosmopolitan, Robert Crozier Long writes of "The Russian

Secret Police" and makes some startling disclosures concerning the present social and political conditions of Russia; this is the first of a series of articles on Russian conditions. "Weyerhaeuser—Richer than John D. Rockefeller," is the title of an interesting sketch by Chas. P. Norcross, telling the life story of Frederick Weyerhaeuser, lumber king, recluse and land-grabber and lord over billions in vast forest tracts in the great northwest. Other leading articles are: 'The High-Jumping Horse, by Belmont Purdy; "England's System of Snobbery," by Charles Edward Russell; 'What Life Means to Me," by Alfred Henry Lewis; "Making Her Way in the World," by Eleanor Gates; "The Indelicacy of Modern Plays," by Alan Dale; "The Sweat-Shop Inferno," by Edwin Markham; "Jackson at New Orleans," by Alfred Henry Lewis; "The Ordinary Woman," by Elizabeth Meriwether Gilmer. These articles are all freely illustrated, some in color. The number also contains a variety of good fiction.

In the January Everybody's Magazine Charles Edward Russell brings to a close his "Soldiers of the Common Good" in a remarkable summing-up. It is difficult to estimate the importance to Americans of this conclusion. It will be read by every dissatisfied patriotic citizen. It is to be hoped that all satisfied ones will see it. "The Mere Incident of Failure," by Will Payne, is an interesting discussion of the alleged rules governing business success. A series of startling drawings by Bessie Marsh, called "The Cry of the Slums," are finely reproduced. No more appropriate New Year allegory was ever written than Edith Rickert's "The Lords of the World." The power of it is subtly beautiful. Joseph Lincoln, who ranks high today among American humorists, outdoes himself in the chuckle-producing "Issy and 'the Other' "; Rupert Hughes in "The Christmas Clearing House," solves forever "The Christmas-gift problem. Among the ten contributors of fiction, Chas. G. D. Roberts has a weirdly thrilling story, "The Terror of the Sea Caves.". Thomas W. Lawson continues his sensational triumph in the field of fiction; Jack London proves his mastery of the weirdest epoch of the world's history into which imagination ever ventured; Robert E. Park completes his arraignment of a king by explaining the scope and methods of Leopold's press bureau—a revelation of the way in which millions have been spent to hoodwink the people of the civilized world.

The American Magazine for January opens with Ray Stannard Baker's description of an extraordinary experiment in brotherhood now being conducted in America—The Theosophical Institution at Point Loma, Cal. Katherine Tingley, the power in the organization, is a wonderful leader, reminding one of Mary Baker G. Eddy in the ability she has exhibited. William Allen White, the famous Emporia (Kansas) editor and novelist, compares Emporia and New York City. Of course the article is compact of wit and wisdom. Ida M. Tarbell, proceeding with her story "The Tariff in our Times," tells about the outbreak of protectionism that followed the Civil war. Washington Gladden, writing of "The Negro Crisis," suggests that the separation of whites from blacks may become necessary. F. Marion Crawford begins a new serial, "Arethusa, a Princess in Slavery," being a love story of old Constantinople. Two editorial announcements of importance are made. One is of a series of articles "We and Our Servants," by Josephine Daskman Bacon, and the other is of a new series on the negro problem by Ray Stannard Baker, both to begin in February. David Grayson, in his autobiographical serial, "Adventures in Contentment," tells the best story of his conversion of a book agent.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Pneumonia.— Luigi Masciangioli says, according to the Medical Record, that bisulphide of carbon, when administered internally in fibrinous pneumonia, is absorbed into the blood and acts on the germs of pneumonia, destroying their vitality and neutralizing the toxic products so as to limit the progress of the disease. It is the antiseptic action of the drug through the blood that cures, and it seems to have an elective action on the germs which produce the disease. He describes a number of cases treated with this drug in which it seemed to limit the disease very quickly.

A Morphine Nostrum.— Physicians are finding out that the "cures" made by a nostrum, sold by women agents extensively, are due to morphine. The following is from the Illinois Medical Journal:

A number of cities in Illinois have been invaded by people calling themselves the Viavi doctors, and in Springfield, at least, a hospital has been started, dedicated to this method of treatment. A church parlor was secured to exploit this remedy, and all modern methods are being used to boom it. In Adams county, according to the report of the local society, the agent was fined and seems to have been required to promise to cease violating the law. The following statement of the character of this medicine is taken from the Medical Sentinel, and if this be true an earnest effort should be made to put these people out of business:

THE VIAVI CONCERN.

In some states the authorities are getting after the Viavi concern, but we have not heard of any such proceedings in the coast states. In Colorado the authorities have had the drugs used in the course of the Viavi treatment chemically analyzed, and the analyst has reported that they are largely opiates. The local agent is being prosecuted for selling and dispensing medicines containing poisonous vegetable alkaloids under the guise of harmless preparations. It is claimed that these Viavi people even have succeeded in getting into the church parlors for the purpose of expounding their theories and selling their nostrums. One woman who had been treated by them subsequently consulted her regular physician, and he told her that she had been taking morphine. She indignantly denied this, but admitted the Viavi. The analyst stated that eighty-five per cent of the liquid was morphine and fifteen per cent glycerine. The Viavi product comes from California, but it is spreading all over the country, and the public interest would seem to demand that it receive attention from the various state authorities, as it has in Colorado.

Treatment of Sciatica.— The prize of twenty-five dollars, offered by the New York Medical Journal, for the best essay submitted in answer to the question of how to treat sciatica, has been awarded to Dr. E. S. McKee, of Cincinnati, whose article we reprint from the Journal, December 29, 1906:

The first essential to the successful cure of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. We should in the beginning institute a most exhaus-

tive physical examination, not only of the sciatic nerve, but also of the entire nervous system, and the patient's whole body, family history, diseases, mode and place of living, business, habits of life, and diet. If the patient is a woman, especial attention should be given to a careful rectal and vaginal examination, for the disease in women is often due to pelvic tumors. One cannot know too much about his patient, suffering from this obscure malady.

Treatment should commence with that best of all starters, a mercurial purge, followed by salines. Constitutional elimination and general therapeutical measures to relieve pain and promote sleep should be the treatment instituted as soon as the diagnosis is positively settled and the causative relations made clear. Morphine should be used with extreme caution, owing to the very great danger in these cases of forming the habit. Rheumatic cases are generally benefited by the salicylates, syphilitic cases by the iodides, and gouty cases by colchicum and the salines. One of the best combinations of drugs in the acute stage is the following, which should be preceded by the calomel and the salines:

℞

Aspirini (acetyl salicylic acid),
.....dr. i, or 4.00 grammes;
Phenacetini (acetphenetidin),
.....gr. l., or 3.33 grammes;
Quininae salicylatis,
.....gr. xx, or 1.33 grammes;
Codeinae sulphatis,
gr. iiss to v, or 0.15 to 0.33 gramme.

M. Fiat capsulae No. x. S. Take one every two or three hours.

Injection treatment. Hypodermics of very large doses of strychnine in the region of the painful parts have cured cases which were rebellious to every other plan of treatment. Injections into the region of the nerve of atropine sulphate, gr. 1-150, three times a day, also cocaine injections as near the nerve as possible, are frequently followed by success. Deep injections of alcohol, cocaine and alcohol, stovaine (amylene hydrochloride), 80 per cent alcohol and the incorporation of 0.01 of cocaine or amylene hydrochloride. Relief is obtained in about 90 per cent in from two to four injections. Relapses, generally after the fourth or fifth month, occur in about one third of the cases, but yield readily after one or two injections. Betaeucaine (benzoylvinyldiacetone-alkamine), 6 per cent solution in 0.8 per cent salt solution, should be injected in the region of the sciatic notch. When a large wheal appears under the skin the needle is pushed down till a jerking shows that a nerve has been touched, then 70 to 100 c.c. are rapidly injected. Functional and complete relief is almost instantaneous. In a portion of cases only is a second injection necessary for complete cure. The hypodermic injection of sterilized air is sometimes quite beneficial, and should be conducted as follows: After sterilizing the region where the injection is to be made a sterilized hypodermic needle is inserted under the skin, and as soon as one is sure that no blood-vessel has been punctured, a rubber tube is joined on to the needle and air from a rubber bag is injected by simple compression. To be quite safe, it is well to place a glass tube containing a little cotton between the needle and the bag. The injection should be stopped when the patient no longer complains of pain. A slight amount of massage should be used every day till crepitation disappears.

The rest cure of Weir Mitchell is beneficial in some cases, and the fixation of the limb in plaster of Paris is good treatment, especially in those cases where the vocation necessitates violent exercise of the lower extremeties. Change of occupation is often necessary to the active, or vice versa. The sedentary person should sit on a soft cushion to protect the nerve from pressure or injury.

Massage along the course of the nerve,

even though painful, is often of benefit in relieving adhesions. In true neuritis massage is, as a rule, not beneficial. Massage, or better, mechanical vibration, is of value in the chronic stages where atrophy has commenced.

Hydrotherapy, judiciously administered, should always be accorded consideration. It has many cures to its credit. The wet pack administered at night is a very excellent means of relieving pain, as well as for influencing, favorably, the neurotic process. For this purpose we may use the leg of a heavy pair of drawers dipped in water at 65° F. and placed in position like a stocking. A roller bandage is then applied so that the leg may be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. Ten or twelve packs usually result in much improvement. The half combined bath in the subacute stage proves quite serviceable. Patient sits in a vapor bath, which comes up to the waist line only. This, while it does not exhaust the patient as much as the full vapor bath, allows a much higher temperature to be borne by the affected part; 110° can be tolerated for from ten to fifteen minutes. At the end of this time the patient sits in a bath heated to a temperature of 95° F. for eight minutes, and during the last three minutes a hot undercurrent douche at 102° to 112° F. is applied to the affected limb. The combined bath alternated with the natural swimming bath is of value. The internal bath by the ingestion of large quantities of water is advisable.

Electricity. The galvanic current should be applied to the nerve from four to eight minutes, and should not exceed from three to five milliamperes. When the nerve substance has been involved gentle muscular stimulation with the uninterrupted galvanic current keeps the structures in good condition and prevents atrophy. The static spray (positive) locally is good. The apparent anodyne action of faradism in sciatica is due to its alterant action on the muscular tissue, and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy blood is stilled. Painful applications of the faradic current are not proper.

Surgical treatment. In cases of long standing it is advisable to make an exploratory incision to expose the nerve trunk, incise its sheath, and free it from surrounding adhesions. Some good results of nerve stretching are reported and many bad. It is an operation which has not gained much commendation from the general medical mind. Myelitis has in a few instances followed, and nerve stretching is contraindicated when neuritis is present. There is a substitute operation called bloodless nerve stretching in which, while the patient is under ether, the thigh is forcibly flexed upon the pelvis and the leg extended at the knee, and this position maintained for some minutes.

Cure is easier in the young than in the old, and in those of fair general health than those suffering from various chronic diseases. The more pronounced neurotic processes are not so amenable to treatment as the milder types, and one attack predisposes to another. The reason that some patients do not recover is that they are unable to pursue a persistent or systematic plan of treatment, and the physician, or more probably the physicians, who have had the case in hand have not had opportunity, owing to the frequent changes, to sufficiently study the case. Otherwise, the failure to cure must be due to the medical man not having studied his patient thoroughly enough, having overlooked some point. The only thing for him to do is to commence at the beginning, go it all over again, and try to ascertain wherein he has failed, for he has failed somewhere. An exact diagnosis of the conditions is one of the first and last means of cure.—Qui bene diagnoscit, bene curabit.

PRESCRIPTIONS

By J. A. Burnett, M. D.

HEMOPTYSIS.

℞

Hydrastinin, hydrochlor..gr. ss.
Quin. hydrobrom.....gr. i.
Extr. belladon.....gr. 1-5.

M. S.—One pill of this composition twice daily. Or

℞

Calcii chloridi.....ʒi.
Tr. opii .....m xxx.
Syr. aurantii .....℥i.
Aq. menth. pip.....℥iv.

M. S.—A teaspoonful every two hours. —Medical Press.

COUGH.

A good cough remedy, especially for winter cough is

℞

Apomorphine.
Heroin .....aa gr. j.

M. Sig.—Divide into twelve doses and one dose when needed.—J. A. Burnett, M. D.

PHLEGMONOUS ERYSIPELAS.

℞

Ichthyol .....ʒii.
Salol .....ʒi.
Camphor ....ʒi.
Menthol .....gr. xx.
Petrolatum, q. s. ad.....℥ij.

Apply on surface hot as can be borne.—Hunter, Medical Mirror.

COUGH.

A good cough remedy is

℞

Codeine sulphate .....gr. 1-12.
Emetine .....gr. 1-67.

This is one dose, to be repeated as needed.—J. A. Burnett, M. D.

PNEUMONIA IN ADULTS.

℞

Pot. iod.....gr. v.
Liq. ammon. cit.....ʒij.
Spir. aeth. nit.....ʒss.
Spir. ammon. arom.....m xx.
Aq. chlor.....ad. ℥ss.
Ft. mist.

S.—One tablespoonful, diluted, to be taken every hour for six doses, and subsequently every three hours.—Ewart.

A VALUABLE LIVER MEDICINE.

One of the most valuable liver medicines that I know of is

℞

Fld. ext. chionanthus.....℥j.
Fld. ext. euonymus.
Fld. ext. dioscorea.....aa ʒiv.

M. Sig.—Dose, ten, fifteen or twenty drops every two, four, six or twelve hours.—J. A. Burnett, M. D.

PNEUMONIA.

It is claimed that the following will abort pneumonia in three days.

℞

Fld. ext. amphiachyris.....℥ij.
Third preparation of lobelia..ʒij.
Fld. ext. asclepias.....℥ij.

Sig.—Dose, one teaspoonful every three hours in one-fourth teacup of hot (not warm) water. J. A. Burnett, M. D.

A REMEDY IN TYPHOID FEVER.

The following was used for several years by a noted physio-medical physician in all cases of typhoid fever:

℞

Pulv. hydrastis.
Pulv. lobelia.
Pulv. prickly ash.....aa ʒj.

M. Sig.—Fill No. 2 capsules and give one every three hours.—J. A. Burnett, M. D.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

A SHEET ANCHOR IN PNEUMONIA

By S. W. Umstot, M. D., Hagerstown, Maryland.

Two years ago I began to use antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patient's strength, and owing to its many virtues, is strongly to be recommended as an adjunct in the treatment of pneumonia.

A few cases follow:

Mrs. G—. Was called January 28th, 1905. An examination proved lobar pneumonia, in the upper lobe of the right lung. I applied hot antiphlogistine and the cotton jacket. Next day the patient was doing well. I renewed the dressing daily for four days when it was discontinued, as the necessity for its use had passed away. The recovery was uneventful.

Mr. K—. Was taken ill April 12th, 1905, with his second attack of double pneumonia. I at once applied antiphlogistine and a cotton jacket, and renewed the dressing daily. In two weeks he was sitting up, and he made an uneventful recovery.

Mrs. D—. A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, December 4th, 1905. Antiphlogistine and the cotton jacket were used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S—. Was called February 22nd, 1906, and found double lobar pneumonia. Applied antiphlogistine, hot, then daily until the eighth day when the crisis was passed. Antiphlogistine was of inestimable assistance in this case.

Mr. A—., 45 years old. I first saw the case April 22nd, 1906; found a double lobar pneumonia with pleurisy of the left pleura. I at once applied antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening temperature registered 105.8°. The temperature dropped by lysis and he made a good, although slow, recovery.

The disclosure in the recent past of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the National Pure Food and Drugs Act should have the effect of reassuring any physician of doubtful mind regarding neurilla, as we would scarcely guarantee such a statement in the face of the law.—Dad Chemical Company.

This is the season when a reliable remedy for acute colds is in demand. You will find our cold special tablets especially efficient in the acute stages to relieve the feeling of soreness and tightness usually present. The American Medical Supply Co., of Brooklyn, N. Y., will send any physician a sample upon request.

HEMORRHOIDS

By Elmore Palmer M. D., Buffalo, New York.

Ex-President of the Western New York Medical Society.

Without any comment on the nature, causes, varieties or pathological conditions found existing in rectal ailments, I will transcribe from my records two cases of hemorrhoidal trouble that I have treated within the last two years with glyco-thymoline.

Case 1. Mr. B. O. H., age 29, had been ailing several years with what he called piles. A careful examination revealed the following conditions: On the margin of the anus were three strangulated tumors about the size of a Concord grape. On continued pressure the tumors would empty themselves almost entirely but refill again in the course of an hour. Several similar tumors about the size of a pea were found just inside the sphincter. Anal moisture and pruritus were very troublesome, but singularly enough little pain was complained of. The bowels were somewhat constipated. Regulated the diet and secretions, gave an enema of two ounces of a fifty per cent solution of glyco-thymoline every night and morning quite warm, held in until absorbed, and applied gauze to anus on lamb's wool during the night and as much of the daytime as he could spare from his office. A decided improvement was noted in a week, and three weeks later he was cured. That was nearly two years ago and there has been no trouble since.

Case. 2. Mrs. R., consulted me regarding "bleeding piles," which had been gradually worse for three or four years. At every stool she would bleed two or three tablespoonfuls. She had become quite anemic. No external tumors. A corroding ulcer as large as a nickel was diagnosed just inside of the internal sphincter. Washed out the rectum three times a day at first with a weak solution of boric acid and then gave an enema of one ounce of glyco-thymoline full strength, hot, held in until absorbed. After four doses only two enemas a day were used as no blood was passed. At the end of two weeks' time a careful examination of the rectum showed it to be perfectly normal. She was cured. No return after eight months.

GLYCO-HEROIN

By J. F. T. Jenkins, Ph. G., M. S., M. D., Los Angeles, California.

The clinical reports of many practitioners in widely separated parts of the world attest that this combination of remedies will quiet cough, remove dyspnoea, relieve pain, aid and regulate expectoration, control night sweats, and cause the worn-out pulmonary invalid to add to his weight and build up his general health.

The clinical evidence as shown by these carefully-kept records has thus demonstrated that this preparation possesses qualities of unusual merit; that it contains elements within it calculated to reach the morbid state in which the symptoms originate and to correct the predisposition to further trouble.

I have used glyco-heroin (Smith) in the treatment of all disorders of the breathing apparatus, including coughs, phthisis, laryngitis, asthma, bronchitis, pneumonia and whooping cough. The following history of cases will give some idea of its wide range of usefulness.

In addition to my personal experience, I have reports from Dr. L. T. Holland, late coroner of Los Angeles County, and from Dr. Jos. Jauch, of this city, formerly of the University of Wurzburg, Germany.

Dr. Holland says he prescribes glyco-heroin (Smith) in preference to every other preparation of a similar nature, particularly for the relief of cough in its various forms. He speaks of its innocuous but powerful analgesic and an-

tispasmodic properties. He closes a brief account of the good results he has obtained by stating that it has more than fulfilled his expectations.

Dr. Jauch states that he has at last found a valuable mixture that combines the two important elements of palatability and effectiveness. He has found it agrees perfectly with the most sensitive stomach. He continues: "I have found it the most efficient agent I have ever used in subduing the hyperaesthesia of the respiratory mucous membrane. I have used it successfully in the treatment of most affections of the air passages, particularly for the relief of cough, obstinate cases of bronchitis, in severe laryngeal cough, and in many distressing cases of tubercular cough of an aggravated character which has resisted all other medication."

The striking and surprisingly good results so uniformly obtained in the administration of this remedy can be fully verified by any unprejudiced trial in which it is tested. Such a trial may be made without hesitation, for notwithstanding its therapeutic advantages it possesses the virtue of absolute harmlessness. When physicians of the professional standing of Francis W. Campbell, M. A., M. D., D. C. L., L. R. C. P., London, Dean and Professor of Medicine, University of Bishop's College, Montreal; and Dr. J. Leffingwell Hatch, late Professor of Laryngology in the New York Clinical School of Medicine, Pathologist to the Philadelphia Hospital and formerly Sanitary Inspector in the Marine Hospital Service, give this preparation their unqualified endorsement, their opinions founded on the actual treatment of a large number of cases, it is apparent that these positive, unlimited, and clear results must gain for this remedy a still fuller recognition, and lead ultimately to its purposes indicated in these reports and in clinical reports of prominent medical men in England and her colonies, in addition to the favorable testimony of many American physicians from Canada to Mexico and from Maine to California.

Milwaukee, Wis.

Editor Wisconsin Medical Recorder,

Dear Sir: The enclosed circular, sent out by Dr. Cabot of Boston, is self-explanatory. I should very much appreciate the favor if you would run it for an issue or two or The Recorder.

Dr. A. T. Holbrook.

To the Medical Profession of Wisconsin and Michigan:

The medical profession of San Francisco lost its medical library, the San Francisco County Medical Society Library, in the fire last spring. Most of the physicians also lost whatever private libraries they had succeeded in collecting. A committee has been appointed by the American Medical Association and by the Association of American Physicians to collect and send books to San Francisco, both for the library and for private individuals when duplicate copies are sent on.

Will you send to Dr. Arthur T. Holbrook, Goldsmith, Bldg., Milwaukee, any medical books of value or bound volumes of journals which you can spare? Fairly recent editions of standard text books, foreign text books or bound journals, (French, German and Italian) hospital reports, monographs of all sorts, books on special subjects, old classics (e. g. Trosseau, Charcot), and the Sydenham Society publications are especially desired.

Acknowledgment of all that is received will be made through the medical journals and the books will be packed and shipped as promptly as possible.

Charles L. Dana,
Chairman, New York City.

Papayans Bell remove indigestion. Samples free. Address Bell & Co., 68 Murray St., New York.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X FEBRUARY, 1907 No. 2

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 8 January Recorder)

OPERATIONS FOR DIMINISHING THE SIZE OF THE MOUTH.

We have in these operations for diminishing the size of the mouth, a difficult class of work, if an ideal result is expected and it is really necessary to diminish the breadth of the mouth. In a large percentage of these cases, it will be found, that the chief cause of the apparent undue size of the mouth is due to eversion or excessive thickness of the lips and the correction of such conditions by the methods previously described, will accomplish the desired result of improving the appearance of this portion of the face. Where these methods fail to secure an entirely satisfactory condition and we still have a mouth too large in appearance, the simplest operation, which can be performed, will be the making of a V-shaped incision in the mucosa around the angle of the mouth, and then altering the shape of this incision into a Y-shape into a line beyond the angle of the mouth.

This operation is likely to produce a fullness at the angles of the mouth and care should be exercised not to produce an actual pouting of the mucosa. It is to be noted that nearly all cases where the mouth is large that the angle is thin and the mucosa drawn well away when the individual smiles. The overcoming of this narrowness or thinness at the angle will often markedly improve appearances in this respect.

To obtain decided results with this operation the incision must be carried, and a dissector passed through the cellular tissues just beneath the skin. It is then to be carried about undermining the skin for a variable distance, then the angle of the mouth is drawn inward and the tissues sutured by deep stitches which extend through from within the mouth to the deeper layers of the true skin. The operator aims to bring the soft parts toward the median line, and at the same time to secure a permanent result, must be attached to the under portion of the skin which has been loosened and drawn toward the median line of the face.

In some cases after the desired correction has been accomplished, there will be an undue fullness of the mucosa and it will pout or evert in an unsightly manner at the angle of the mouth. If such occurs, it is to be treated with

proper incisions and suturing to invert it or the excess excised, exercising care, in doing so, that the line of excision is so placed that the scar will be well hidden within the mouth after the operation and that the parts are not drawn tense in an unnatural manner after coaptation.

Often the entire lip will be caused to evert by this operation, and in such an instance the condition is corrected by one of the plastic operations previously described.

In this work the extent of the operation varies and the result will always be approximate. After it has been obtained, if any unnatural or unsightly condition develops from inversion, tension or eversion, it is corrected by one of the plans mentioned. The eye of the operator must decide in each individual case, the extent and depth of the operative procedure, and the supplementary operations brought into use.

In some cases the operator finds the form of operation just described, inadequate, and it is preferable to correct an abnormally large mouth by incisions along the line of juncture of the mucosa of the lips and skin. Such incisions are made after the parts have been cocainized, and will vary in length according to the degree of correction demanded. The incision must be carried rather deep and with fine chromitized catgut sutures the angle of the mouth is sutured, transferring the angle inward. The sutures are buried, and if due care is used in cleansing the parts before the operation and the instruments have been carefully sterilized by boiling, the result will be excellent, primary union occurring. In order that the scar formed by the operation be least conspicuous, the operation should be supplemented by the inversion of the lips. This is accomplished by making short incisions within the mouth radiating from the angle and altering their direction by sutures. The incision above should be somewhat longer and deeper than that below, so that the angle will be tilted slightly upward.

In some cases the result of this last operation is further improved by depositing a drop of paraffin above and to the outer side of the angle of the mouth. This will cause a slight over-hanging or rather a fullness of the parts at this point, an apearance which is entirely natural, and not the least unsightly in a properly selected case.

After the last operation described, the incision at the angle of the mouth may be sealed with a small amount of collodion. After all of these operations the patients are cautioned not to open the mouth too widely until healing has occurred.

The surgeon must never lose sight of the important part that eversion of the lips plays in increasing the apparent size of the mouth, and he should assure himself that correction of this condition will not be sufficient to overcome the apparent over-size before any attempt is made to actually diminish the interval between the angles.

DENUDATION AT THE ANGLE AND SUTURING FOR UNDUE SIZE OF THE MOUTH.

In the event of failure of the method previously described, the operator may be forced to use the following plan of operation, although it should always be reserved for those cases which cannot be corrected by other means.

Cocainize only the mucosa and skin close about the angle of the mouth. With a very sharp scalpel an incision is made along the line of juncture of the skin and mucosa at the angle of the mouth. This incision should be made as smoothly as possible and the mucosa is dissected backward.

The condition produced is more easily illustrated than described. The upper and lower lip are denuded above and below at the angle of the mouth without removing any tissue. The extent of the denudation varies according to the ex-

tent the operator desires to diminish the size of the mouth.

In some cases it is a good plan to carry the incision and dissection well within the angle of the mouth, so that the tissues when drawn together by the sutures prevent an appearance of undue thinness about the angle.

When the denudation has been carried to the extent desired the operator carefully draws the denuded area of the upper and lower lips together and holds them with fine forceps while sutures are carefully passed approximating the denuded areas.

In some cases excellent approximation can be secured by a fine buried chromitized gut suture which does not penetrate through the skin, while in other cases fine silk or horse hair sutures serve to a better purpose. In all cases the sutures must be applied so as to secure perfect approximation of the skin margins, and at the same time the sutures must not be drawn or tied at all tight and cause cutting of the tissues.

Approximation of the parts having been perfected, it is a good plan to seal the small skin wound with collodion and place over this a strip of adhesive plaster, which further splints these parts until healing occurs. The patient should remain indoors for several days after this operation and to prevent inadvertently opening the mouth too widely should wear a bandage, which does not permit separating the jaws. The bandage is removed for eating or drinking and during the first day or two it is well for the patient to be limited to a soft or liquid diet, so that the chances of bringing the muscles of the face into play unnecessarily are reduced to a minimum.

When healing occurs from this first operation, as a rule, the condition present can be improved upon by operations directed toward rendering the scar as inconspicuous as possible.

If the operator will place within the mouth incisions radiating from the angle of the mouth, and alter the direction of these incisions by sutures, there will be a tendency to invert the angle of the mouth, and any scar along the line of suture will be rendered less noticeable.

In making the incisions mentioned, care is used to see that incisions made above are longer and deeper, than those below the angle of the mouth, so that the effect of the superior incisions will be greater than those made below. This is to prevent any downward inclination of the angle of the mouth.

In some cases the condition of the angle of the mouth can be improved by depositing a small amount of paraffin above the slight line-like scar, which is left and above the angle of the mouth, so that the upper lip and the tissues above the angle at the site of the operation are slightly more prominent than those below. This condition is not unnatural, if not present to too great an extent, and when produced after the operation upon the angle of the mouth previously described, tends to throw the slight scar left by the operation into shadow and render it much less noticeable.

(To be Continued.)

Zinc sulphocarbolate is surely one of the best intestinal antiseptics in the diarrhoea of infants; a potent remedy in typhoid fever.—Earp, Monitor.

Pneumonia is the one disease that I believe can be modified if seen early and the proper treatment applied, Osler to the contrary notwithstanding.—C. H. Maxwell, W. Va. Med. Journal.

McCaughan (Clin. Rep.) tells of a case of nicotine poisoning following the application of a solution for killing crab lice. Recovery under strychnine, dose enough.

PHYSICS OF THE X-RAY

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 12 January Recorder)

THE MEDICAL EXPERT.

Continuing our investigations into the causes that make this gentleman ubiquitous, we must consider the hospital. This institution that brings up a hoard of memories in our minds, of refuge, hope, and relief to suffering humanity, and which was first maintained as a charity to the poor unfortunate, or a refuge in great distress, has under modern conditions evolved itself into anything but its ancient prototype, and has become under the skillful manipulation of modern conditions a manace, not only to the individual medical man, but to the life and health of the community. It has multiplied all over the land, and appears in many guises, and has many excuses for its existance. Someone told the medical man that he was a member of a family of philanthropists several hundred years ago, and the delusion has been one of the most cherished possessions of the modern physician. If there is any poor, helpless or suffering humanity in the vicinity of a doctor's office, he is expected to take care of them rather than the state, who may be responsible for their condition.

Just why a physician is considered a perambulating eleemosynary institution, passes my understanding, or, why he should assume to exercise the functions that belong to the state, and give of his time, service, and money, to relieve suffering, and have the general verdict in the community of an easy mark, to follow him to the grave, while his wife takes in boarders to run the house and keep the wolf from the door.

I asked a physician "who was in the last stages of consumption, after a very busy life, and who had made no provisions for his loved ones," why he did it, and was told that physicians owed a duty to the state for the benefits they derived from special legislation. Those of us who have investigated the subject of special legislation can see an immense amount of humor in this reply; but this subject will be considered under the title of "The doctor under the law."

It is this philanthropic idea that is at the base of all medical evils; without this as an excuse there is not enough truth left in nearly all of the so-called medical charities to make them tolerated in a community for a month. Why do physicians give their patients the idea that their services are cheap. There should be a standard price for medical services the same as other household necessities. Why should one man be allowed to charge $25,000.00 for happening in at the death of a prominent man, while in other cases one is compelled to do it for nothing. As long as conditions remain as they are, just so long will a man holding a medical diploma be a menace to the provision you have made for the support of your family, while the other man that may be just as brainy, is compelled by his conscience to do this work for nothing. Reasonable, standard fees that will give each member of the medical profession enough income to allow him a short vacation, buy books, instruments, and occasionally take post-graduate courses, in order that he may not deteriorate and become a danger to his patients. This he owes to the state, the community in which he lives, and the people that may become his patients. He has nothing to do with assuming the burdens of our modern system of government, let it run the charity hospitals, and if a doctor has a penchant for scientific work, let him obtain a position in these hospitals at a proper salary, that will prevent him from becoming a competitor to his confreres who are outside of these institutions; forbid all outside work like the marine hospital service and in this way we shall be able to handle our numerous

problems outside of the charitable one, with greater precision.

I have made numerous inquiries among people who have business dealing among the medical profession, and curiously enough their statements agree regarding the financial reliability of physicians throughout the country. They agree that five per cent are the best pay in the world, thirty per cent are slow pay, twenty-five per cent will pay after considerable prodding, and the rest were never known to pay a bill. Investigations show that they live from hand to mouth and have a bad local reputation for paying debts, but usually are very popular in their communities, because they are considered an easy mark.

A physician has an investment as large as many business houses, having devoted several years' time, as well as thousands of dollars putting himself into a position where he can administer to human ills, then why should he donate his services? We rarely find the merchant, the grocer, or the plumber, and never the lawyer proclaiming their willingness to give their services to the community for no compensation, why the distinction? What call have physicians to injure their brothers by falling over themselves to give their services for the poor and unfortunate in their locality. For what earthly reason should a physician continue to pose as a "tin god," and assume to know more than his competitor in the same locality and carry the delusion so far as to reflect upon his brother's ability, and offer his own questionable services without price? Is it possible that they ever will learn that each action of theirs that is not honest, is sure to bring the buzzards home to roost upon their own roof-tree? Cannot the average medical man conceive that what injures one physician is bound to injure himself? We have the great public treating our controversial differences as a huge joke, and have been the butt end of the funny man for years, and still at this late day in the world we see physicians in the same building and in the same town who pass each other as strangers, and constantly going out of their way to injure each other.

It is ordinarily assumed that a medical man must have an education, and education predisposes a certain amount of charity for our fellow beings; then why is it that physicians have so much charity to burn on one who has nerve enough to ask for it, and nothing but venom for their associates? Are we so sure of our superiority that we are content to occupy a position on a pedestal? It is rather a dangerous position, as some practical joker may kick it out from under us, and we are likely to pick ourselves up out of the mud.

If we could forget for a short time our individual importance and unite with our associates, we could raise the practice of medicine from its present disgusting position to its old-time honor. We must begin our work by improving the chronic leanness of our pocketbooks, so that we may put in the time we now spend standing off creditors in associating with our fellow practitioners exchanging ideas, and we must travel and visit some of the large medical centers, and be able to buy the latest books and instruments, and by all means have an office that is not a cross between a pig's pen and a proprietary medicine warehouse, and we must have a good-sized waste basket to deposit the numerous circulars, samples, and other alluring prospectuses that appear every day.

With all our alleged progress in medicine, we find the death rate does not seem to decrease to any extent, and if we exclude the results that we have obtained in preventitive medicine it is higher than of yore. So, why should we assume that we are so much more learned than our fathers? The old practitioners may not have known much about pathology and microscopy, but they had a good stock of "horse sense" that their descendents sadly lack, and

no one questioned their honesty which is more than can be said today.

The original idea of a hospital was a place where strangers and the very poor of the community could find rest and succor in times of great misfortune. It was one of the earliest philanthropic enterprises of the Christian church, and was regarded with reverence, and supported by the people of the community, and no self-respecting person would consider for a minute of going to a hospital unless a serious accident should happen to him; naturally then, the teaching of the medical student soon centered itself around the hospital as the most available place for clinical material, and as a natural result physicians with an investigating turn of mind sought and obtained positions upon the staff, receiving their compensation in teaching students. The various religious orders established hospitals for specific purposes; but principally to take care of their own poor. This condition was followed by establishing public hospitals by the government of the country, at first as an asylum, and later as a general hospital, until we now have the government supporting numerous hospitals for specific purposes.

The separation of the embryonic medical college, still left the staff as a charity attachment to the hospital, in return for the use of its clinical material, and so it continued until about eighteen years ago, when the day of the ready-made specialist arrived. This gentleman discovered that all of the hospital staffs were full, and moreover that as an advertising medium it must be a good thing, as the attendants were men of honor and attainments. After trying in every way to break into this closed corporation even with a jimmy it was found burglar-proof, so in order to devise a way where he could experiment to his heart's content he set his wits to work, using what religious pull he had, and succeeded in stimulating the different religious orders to establish more hospitals. This required considerable work to accomplish and others more flush with this world's goods combined together and either built or hired a building and established private hospitals, "no students allowed." The requirements and rapid developments of modern surgery came so fast, and with it the specialist multiplied at such a rate that it was found necessary to build more hospitals to accomodate increasing hoards of applicants. After a short time it was found that the matter was somewhat overdone, and in order to make it a paying proposition it was necessary for each member of the staff to hustle and persuade just as many people as possible to patronize the place, so by catering to the general practitioner's vanity he was persuaded to send his private patients to a certain institution under the theory that he could care for them himself, and for a time it worked, until this gentleman found out that one patient was liable to send another to the hospital which he did not take care of. The specialist had foreseen this contingency, and in a few years when persons were sick they promptly insisted on going to the hospital whether the medical man liked it or not; as their acquaintance had been made through the private hospital system it made a favorable impression upon their minds, and succeeded in removing the ingrown suspicion of hospitals that had been inherited from their ancestors. As the private hospital rapidly multiplied the people showed them a preference over the religious institution, because they could have the attendance of their own physician. These institutions soon began to see a light, as their beds remained empty while their younger competitors were full to overflowing, so they came to the conclusion that it was necessary to break the medical trust and let down the bars to any physician in good standing. By this means they became dangerous competitors for the private hospitals, as many physicians recognized that less difficulty

was experienced in persuading people to go to a hospital of their own religious belief, and as the religious hospital was authorized as a legal beggar by the state, the private hospital could not compete with them in rates; therefore it was necessary for the specialists to bestir themselves, or their entire investment would be lost. The easiest way out of the difficulty was to appeal to the cupidity of the family physician, which grafted upon the medical profession the barnacle of, division of fees. There are many arguments both pro and con, regarding this practice, and I for one was rather inclined to think it a just procedure, and for several years it was carried out without abuse, until suddenly I was confronted by the country physician who had one of his patients in tow, who was alleged to have some surgical disease, and had come all prepared for an operation, and ready to pay a big fee. A refusal to operate only sent the grafter to some other surgeon whose conscience was not so evident and he had no difficulty in getting the operation performed, and his end of the booty. These men became so active that it was not safe to refuse to operate upon their patients without imperiling a just and hard-earned reputation in their community. Sometimes instead of bringing them to the city the surgeon was sent for, and often found the patient all prepared for an operation, with the diagnosis all made, and fee arranged for in advance—everything was seemingly all right except the poor, innocent tube or appendix which looked distressingly healthy. A guilty conscience needs no accuser; something must be done. It was distressing to find tubes, ovaries, and appendices that looked so like normal, so a little thinking made it apparent that the pathologist could help some, and we begun suddenly to find that these organs were afflicted with ultra-microscopical diseases with the invariable "itis" attached to it. This discovery made it very easy to accomodate this class of customers, and the pathologist's report was like balm to the sore conscience. This combinatiou worked overtime for several years, and as usual, greed over-reached itself and the producer, (the country physician) began to see the value of his part in the combination, having been wined and dined, and made much of by the operating surgeons, and competition gradually forced the percentage of graft from twenty-five per cent to seventy-five per cent after some of the younger men broke into the game. It seems as if this last ought to have satisfied almost any one's desire for money, but it didn't. This embryonic financier saw a way to make even more money out of the laudable ambition of the surgeon to get rich quick. When our country brother located an "easy mark" among his patients who would stand for a "good touch," he would write to different surgeons and tell them about a case of some kind of "itis," but was doubtful about their ability to pay a big fee, and desired to know the least amount that he would do the operation for, and mentioned as an after-thought that the patient wanted to go to doctor so and so, his competitor. I have numerous letters written by these great men who have offered to do many of the "itis" operations for a fee as low as $25.00. It should be unnecessary to add, however, that the "good thing" had to pay all the way from $300 to $500 for surgeons' fees to his honest and enterprising family physician. It would seem as if this was about the limit, but you are wrong, dear reader. Our country practitioner, after coming many times to the large cities, learns the ropes and soon learned that surgeons are about as easy to work off a "gold brick" on as a backwoods farmer, so he will write to some of our great surgeons saying that he has a poor but worthy case who needs an operation, who has just money enough to pay his hospital fees, and would be willing to go before the clinic. You

would think that even a farmer would tumble to such a transparent proposition, but no, it works beautifully and the country promoter gets all of the fee, except the hospital expense. It is curious how an evil spreads, for in a short time these people were in a position to promise the service of any surgeon their patient may express a preference for, only of course the fee would be higher if they wanted any particular man. If the patient happens to be a foreigner so much the better, as it lessens the possibility of the surgeon "catching on." They boldly accompany their patient to the hospital, introduce the surgeon, and get him to use the case as clinical material (while they pocket the fee) and everybody seems happy over the transaction.

Of course some of these fellows that were doing a land office business were bound to over-reach themselves sooner or later, and at last the surgeons found out how they were being "buncoed," and became very indignant regarding the subject of dividing the fees, and it is a fair inference that the fellow who made the most noise, was the one who got the "box of sawdust." Anyway, enough reform was brought about so that the country speculator had to go back to his fifty per cent basis of doing business: at least most of them did. Some who are wiser or better posted upon the possibilities of the complicated medical charities in the cities have continued to work their scheme with good profit, even going to the extreme of putting their patients into the county hospitals and collecting a large operating fee. Soon the surgeon discovered that the private room in the hospital might be a possible source of revenue, and sure enough they found that they had been over-looking a gold mine, and it is now a legitimate field for fees by the attending surgeon, and the habit of wealthy people putting on old clothes and renting a room in a hospital and requesting a certain surgeon's services, is rapidly passing, as they now go into the wards, and the old game goes merrily on.

The wonderful developments of our hospital system cannot be covered in one paper and will be continued in our next.

DISEASES OF CHILDREN

By M. A. Blanton, M. D., Baileytown, Tennessee.

BRONCHO-ALVEOLITIS.

In the beginning of this series of articles on "Diseases of Children," it seems that a brief resume on the above subject is seasonable. Synonyms—vesicular pneumonia, lobular pneumonia, disseminated pneumonia, broncho-alveolar catarrh, capillary bronchitis, suffocative catarrh.

Broncho-alveolitis is an inflammation of the air-vesicles of a pulmonary lobule. This affection is commonly known as broncho-pneumonia, but it is more correctly styled as above from a pathological point of view. It generally occurs at the extremes of life, more especially in childhood, and is almost invariably secondary to one of the infectious diseases, either associated or immediately following. However, this malady may sometimes arise as an independent affection from "cold" or direct irritation from smoke or noxious vapors and gases, also by extension of inflammatory processes in the upper air-passages. It may also arise from inhalation of chloroform and ether.

There was formerly much written as to he difference of broncho-pneumonia and capillary-bronchitis. Some modern authors still claim a difference. Post-mortem examination has shown that differential diagnosis is unimportant and impossible as the two conditions usually co-exist.

The diagnosis is best made by exclusion and is sometimes even then difficult. From lobar-pneumonia it is to be

remembered that the latter has a sudden onset with chill involving one lung and limited; broncho-pneumonia is generally scattered over both lungs. Rusty sputum is the rule in lobar pneumonia, the exception in lobular pneumonia. Lobar pneumonia ends by crisis on the 7th to 9th day, while lobular pneumonia is more prolonged and ends gradually. From pulmonary tuberculosis we must at first mainly rely on family history and bacteriological examination. Tuberculosis usually begins, however, in the apices . From influenza by the independent, sudden onset, by the limb-aches and pains, by the hyperesethesia of the surface, by the higher temperature which occur in grippe. The chief difficulties are to determine whether lobar pneumonia exists in a case presenting large areas of dullness and to determine whether a case of recognized broncho-pneumonia is tuberculosis.

The treatment depends somewhat on the cause, but is very much alike in all cases. Rest in bed with a ventilated room which should be kept as near 70° F. in temperature as possible. Hot flax-seed poultices applied to the affected area is recommended by some. This poultice should be covered with oiled silk and renewed two or three times during the day. It is hardly necessary to keep up poulticing after the third day. This should then be substituted by a jacket of lamb's wool. If counter-irritation should be necessary mild mustard plaster made by the addition of glycerine and the whites of eggs is the best. Instead of this the child's chest may be rubbed with amber-oil at night and morning. Hot water bags or salt bags may be substituted when necessary. The application of ice to the chest is recommended by Mays. Sponging the entire body with tepid alcohol and water, equal parts, is often grateful to the little patient and will reduce his temperature.

Food should be given in small quantities and repeated every three hours. It should consist of pancreatized milk, beef juice, egg albumen, soft eggs, etc. Children are usually benefited by the addition of small quantities of alcohol to their food. These little patients should be encouraged to drink water freely to keep up kidney action and to flush the emunctories generally. It is usually well to begin medical treatment with the administration of calomel in minute dose to effect. In feeble children it is well at the onset to give strychnine in 1-140 to 1-250 gr. doses as needed. It is not well, however, to make a profound impression with the drug as the patient's recuperative powers might be thus impaired. The object sought in giving strychnine is a gentle and continuous support of the vital powers. The arom. spt. of am. is useful in nearly all cases. Tr. opii camph. may be given if called for by cough or excessive pain. If suffocation seems eminent an emetic of ipecac or apomorphine may be given . This is apt to be followed by great prostration. For hyperpyrexia I use aconitine, according to Shaller's rule, with tepid sponges. Should resolution be slow give am. iodide; other symptoms, p. r. n. Tonics in convalescence.

Eternal vigilance is the price of success in treating the ailments of children. If you would enjoy its blessings, doctor, pay the debt.

(To be Continued.)

ECZEMA

℞

Fld. ext. American sarsaparilla.
Fld. ext. burdock.
Fld. ext. yellow dock.
Fld. ext. leptandra.....aa ℥j.
Fld. ext. phytolacca.....℥ss.
Potassium acetate .....ʒij.
Simple syrup, q. s.....℥viij.

Sig.—Dose, one teaspoonful three times a day.

J. A. Burnett, M. D.

PERNICIOUS ANEMIA

By W. F. Waugh, A. M., M. D., Chicago, Illinois.

In the U. of N. Bulletin, Bridges reports a case of pernicious anemia in which the hemoglobin fell to 10 per cent, red cells to 384,000, and white cells rose to 13,000, polynuclears 82 per cent, small lymphocytes 18 per cent; poikilocytosis extreme, megalocytes and microcytes numerous, a few megaloblasts and microblasts.

The treatment was complete rest in bed, in an airy room, tepid and later cold salt water rubs daily, five meals a day with some form of beef, bone marrow extract, and arsenic in increasing doses. In one month examination of the blood showed red cells 1,720,000, white 7,000, hemoglobin 53 per cent, polynuclears 50 per cent, small lymphocytes 40 per cent, large 7 per cent, eosins 1 per cent, megalocytes 2 per cent.

She returned to her home, and three months later feared a return of the anemia. Considering the brief period of the treatment the results obtained were remarkable.

In this connection we desire to call attention to a paper by Alfred Gordon in Medicine, on the results obtained in various asthenic maladies from the administration of organic phosphorus. The agents employed were the glycerophosphates, lecithin and the nucleins. He showed that despite the application of the popular "physiologic therapy," no improvement was noted until the above agents were added. In syphilitic cases mercury relieved the specific symptoms but the asenthia was unchanged until the phosphorus remedies were added, when the improvement was prompt and decided.

These observations emphasize the claims made by many clinicians as to the advantages of adding nuclein to the tonics indicated. Iron will be retained in the body and assimilated if nuclein is also given, when otherwise it would run through the bowels and afford no benefits. The writer has frequently tested the truth of this statement, by adding thirty minims a day of nuclein solution to his tonic mixtures. It is unnecessary to give this hypodermically, but nuclein must not be administered during the period of acid digestion. In view of Salisbury's contention, that medicines given by the stomach are carried to the liver and by it intercepted and largely thrown back into the bowels for excretion, it is well to drop nuclein on the tongue and have it absorbed from the mouth, whence it is carried to the general circulation and traverses it before being excreted by the liver.

ACUTE PLEURISY

By Edward C. Rothrock, M. D., Palestine, Texas.

Watch the condition of the heart and the circulatory system. The action of the heart may have to be stimulated or depressed. Watch the condition of the nervous system. See that the patient has rest—general rest. Attention must be given to the digestive organs and to the eliminating organs. The diet is very important. Support the failing strength of the patient with good, nutritious food, easy of digestion—soups, beef tea, milk, coffee, eggs, jellies, etc., in small quantities and at frequent intervals. To relieve pain and reduce fever and diminish the tendency to effusion and promote absorption, tincture aconite, 1 minim, every hour; when fever is reduced, every three or four hours. Aconite should never be forgotten in inflammation; it antagonizes the fever process and has been called "the therapeutic lancet," and is of great value from its power over the circulation, respiration and transpiration. Diuretcis are useful to relieve loaded vessels, as bitartrate and acetate potas-

(Continued on page 50)

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

PTOMAINE POISONING

Owing to an inquiry by a reader in a recent number of The Recorder, the writer took stock of his knowledge of ptomaines and ptomaine poisoning. It is now nearly twenty years since Victor C. Vaughan of the University of Michigan, gave us his studies on the subject and his name is still closely connected with it. During late years a great deal has been heard of cases of ptomaine poisoning. That may be due, in part, to greater knowledge on the part of physicians, in part to the increased consumption by the general public, of canned or preserved goods.

Ptomaine poisoning is a disease resulting from the eating of food of the proteid group which has begun to undergo putrefactive changes. Canned meats, corned beef, sausages, milk, ice cream, cheese, fish, oysters, shell fish are the commonest sources. From them Vaughan has isolated a definite poison which he calls tyrotoxicon, a toxin produced by saprophytic bacteria and which is allied in its physiological action to the vegetable alkaloids, as muscarine (from poisonous fungi) and atropine. Instances of an entire company of people becoming seriously ill after eating ice cream at a social gathering are sufficiently frequent. The summer complaint of infants with its high mortality, may also be classed as a result of intoxication by the products of decomposition of milk.

The symptoms of ptomaine poisoning are two-fold—those of direct irritation of the gastro-intestinal tract, and those of nervous depression. There is dryness of mouth and fauces with constriction, nausea and vomiting, sharp, colicy pains, diarrhoea, at times constipation, headache, dizziness, chilliness. Such simple, acute gastro-intestinal inflammation usually goes on to recovery, but when severe depression of the nervous system is added then the progress is much more unfavorable. Then there is rapid heart action, sensory disturbances such as formication, flushes, dilatation of the capillaries of the skin, causing sweating, heat, erythema; subnormal temperature, dyspnoea from depression of the respiratory center; dimness of vision and most marked and characteristic, extreme muscular prostration amounting almost to palsy. Pupils are dilated as from atropin. This is an important symptom, as it may serve to differentiate ptomaine from arsenical poisoning for which it may be mistaken. Consciousness remains clear, though later there may be delirium and coma. Convulsions, which occur at times in severe cases, are probably asphyxial. Death takes place from collapse or extreme exhaustion. The mortality is from fifteen to fifty per cent. There are no characteristic post mortem findings, macroscopically or microscopically.

No chemical or physiological antidote is known. Treatment, therefore, must be symptomatic. At the beginning, eliminative emetics, cathartics, free flushing of stomach and intestines, later supporting by aromatic spirits of ammonia, atropia, and principally strychnia. The most important task falls to prophylaxis, providing a supply of fresh and pure milk, especially in the cities, honest and thorough inspection and official supervision of the canning and packing industries.

H. Speier, M. D.
Rochester, Minn.

CORYDALIS CANADENSIS

The synonyms of corydalis canadensis are dicentra canadensis, turkey corn, wild turkey pea, stagger weed and squirrel corn. Corydalis is a very useful remedy in scrofulous and syphilitic affections and as a general tonic.

The late Dr. John M. Scudder taught that corydalis was anti-syphilitic and that it increased waste and improved nutrition. He gave the dose of specific corydalis from ten drops to half a drachm and he recommended the following formula:

℞

Specific corydalis.
Specific phytolacca .....aa ʒij.
Specific kalmia.....ʒj.
Aqua .....℥iij.

M. Sig.—Dose, teaspoonful four times a day.

I am sure that this was a very useful alterative compound. Fyfe gives the indications and uses of corydalis as follows:

"Derangement of the stomach attended with profuse secretion of mucous; a constantly coated tongue; fetor of the breath and loss of appetite; chronic inflammation of the urinary passages; chronic diarrhoea; erosions and ulcerations of the mouth and fauces, syphilitic diseases, especially in the secondary stage.

"Corydalis is tonic diuretic and alterative.

"Doses—specific corydalis, five to forty drops.

"Usual dose—specific corydalis five to ten drops."

Waugh and Abbott have the following to say in the Text-Book of Alkaloidal Therapeutics:

"Corydalin is a concentration from the tubers of corydalis formosa, the turkey corn. The plant contains an alkaloid corydaline discovered by Wenzell. It is insoluble in water, soluble in ether easily, with difficulty in alcohol. Merck describes three alkaloids found in this plant. By the eclectics corydalis is accredited with tonic, diuretic and alterative properties. It was employed as a remedy for syphilis, but except as a tonic it is not thought to possess any value (King). When syphilis is constitutional in debilitated subjects corydalis possesses an efficacy unequalled as an alterative tonic (King). Recent syphilitic nodes, especially on the skull, are chiefly influenced by it. It promptly relieves the skin pains. Locke recommends it in atonic scrofulous and syphilitic cases of amenorrhoea, dysmenorrhoea and leucorrhoea, also as a digestive tonic in atonic abdominal enlargement, dysentery and diarrhoea with coated tongue, feted breath and poor digestion. It is useful in malarial cachexia."

Specific Indications. Syphilitic or scrofulous diathesis, yellow skin with lymphatic enlargements, syphilitic nodes, increases waste and improves nutrition.

Ellingwood says over-doses cause biliousness, deranged stomach, excessive secretion of mucous, gastro-intestinal catarrh, anorexia, indigestion, fetid breath, irregular bowels, colic and malaise. In remedial doses it is a tonic, increasing vitality and influencing metabolism, co-operating with echinacea, berberis, hydrastis, xanthoxylum and stillingia. In chronic skin diseases with marked cachexia it is speedily curative, superior if there is relaxation of tissue and plethora.

The dose of corydalin is a grain four times a day in chronic conditions.

There is an elixir of corydalis called corydalis compound, which fluid ounce represents turkey corn, thirty grains; stillingia, thirty grains; blue flag, forty grains; prickly ash, fifteen grains; potassium iodide, eight grains. Another elixir which each fluid ounce contains, stillingia, thirty grains; turkey corn, thirty grains; pipsissewa, fifteen grains; elder flowers, fifteen grains; blue flag, fifteen grains; prickly ask berries, one-

half grain; coriander seed, seven and one-half grains.

JOHN ALBERT BURNETT, M. D.
Dean Spring, Arkansas.

ERYSIPELAS

This disease has been treated with calomel, quinine, tincture iodine, tincture chloride iron, etc., with rather indifferent success judging from the results of the treatment. As I have had more than the average success in my treatment of this disease, and having in my practice treated all forms of the malady, and having never lost a case in nearly forty pears' practice, I feel confident that my experience may be of some service to many brothers. I have never used calomel in my practice, for I am one of those who cannot see any "science and sense in calomel." Neither can I see the indication for tincture chloride iron. I regard erysipelas as a blood disease and have always treated it as such. Several years ago it was claimed that painting the skin with tincture iodine would stop the spread of this disease, but, like many other "fads," it proved a delusion and a snare. Again it was claimed that inoculation by erysipelas would cure cancer. In my practice I have seen at least a dozen cases of cancer of the face, attached with erysipelas, where the latter disease spread all over the cancer without effecting the cancer any more than so much water sprinkled over it. Another old "granny" notion—long since exploded—was that if erysipelas and "scrofula" met on a patient's face, it meant death to the patient. I have had this occur several times in my practice and the patient lived. The first case of this disease I ever treated, I shall long remember, for it followed as a sequel of my first confinement. I naturally felt some interest in the first baby I helped into the world. About ten days after it was born it fell out of bed and struck on its head. Erysipelas appeared on the head and spread all over its body; it lay in convulsions, passing from one into another for several days.. The doctors and the old women predicted all kinds of trouble for me, but I was bound to save that baby. I made an infusion of elder flowers and pussy willow buds and had it applied warm, wherever the disease appeared, once in two hours. Internally I gave:

℞
Tr. belladonna.
Tr. rhus tox.....aa gtts. v.
Aqua .....℥vj.

M. Sig.—Teaspoonful once an hour.

I followed up this treatment and cured the child. Rhus tox. has proved in my hands a better specific for this disease than quinine is for malaria—the belladonna is always indicated. When the disease effects the face and there are "head symptoms," for adults I give:

℞
Tr. rhus tox.
Tr. belladonna.....aa gtts. x.
Aqua .....℥vj.

M. Sig.—Teaspoonful once an hour.

I apply locally:

℞
Tr. lobelia.
Tr. opium.
Alcohol.
Aqua .....aa ℥ii.

M. Sig.—Apply once in two hours.

This wash always relieves the pain and the burning. When the tongue gets moist and pulse nearly normal, I give two grains of quinine once in three hours. I seldom give any physic—if I do it is a seidlitz powder or phosphate soda, teaspoonful in glass of water, repeated as needed.

Another case I had was a middle aged lady; she had the disease settle in her stomach. For several days she could only retain the mildest medicine and very little nourishment on her

stomach. In her case it was a "hand to hand" fight with death, but in the end the treatment won out. At times she could only retain small pieces of cracked ice and small doses of rhus tox., five drops in cup of water; teaspoonful once an hour. I applied the comp. tar plaster over the stomach to get up good counter irritation. As soon as I had a nice crop of blisters started she began to recover and in a short time regained her health. When the pulse is hard and full, with dry tongue and hot skin, never give quinine in any acute case. This is a good rule to follow and it will often help you to beat the undertaker. Many precious lives have been sacrificed because doctors will give quinine when it is contra indicated. The observance of the above rule has been the secret of success of eclectic physicians in the treatment of fevers and all acute diseases. Let us take a leaf out of their book and learn wisdom.

I had another case of a young man who had been treated for rheumatism in the right arm. All kinds of liniment had been tried, but the pain and burning kept up just the same. I diagnosed the case as erysipelas. How did I know? Well, when in doubt about a case, pass your finger over the skin of the affected surface. If your finger leaves a white mark that slowly fades away, you have a case of erysipelas and you can rely on that diagnostic sign every time. The first thing I did was to lance the arm and let out a pint of pus; then gave him elixir iodo bromide calcium, teaspoonful once in three hours—applied poultice of equal parts of lobelia seeds and slippery elm, pulverized. I followed up this plan of treatment and cured by patient.

Still another case of erysipelas in the legs of an old lady. She had been "the rounds" and had suffered many things of many doctors, but none helped her any—her legs were one mass of sores. I gave her two grains of quinine once in three hours; comp. lyria stillingia, teaspoonful before meals and at bedtime; applied, locally, a wash of equal parts of infusion of lobelia herb and golden seal, one drachm sulphite soda to the pint. This wash was kept constantly applied and the above plan of treatment cured her. This was in 1880, and she is still alive and free from the disease.

I know it is often the case that a patient who has an attack of erysipelas will have subsequent attacks, but with my treatment I have never had the second attack in the same person, and it is because I treat it as a blood disease. Space will not allow of many other interesting cases I have cured, but suffice is to say that I do not fear the disease in any form.

Eli G. Jones, M. D.
New Brunswick, New Jersey.

ACUTE PLEURISY

(Continued from page 46)

sium, iodide potassium. Fluid extract polytrichum juniperinum is very efficient and is a powerful diuretic; dose of fluid extract is 20 to 30 drops every hour, and may be used in connection with cathartics with advantage. If fever is high, much pain in the side and chest, thirst, quick pulse, dry skin, dry, hacking cough, tincture asclepias tuberosa, 20 to 30 drops every hour until skin is moist—could be alternated with aconite. Cupping is prompt to relieve pain. A mush-poultice, hot, affords comfort, relieves pain and draws the blood to the surface. If tongue is coated a dirty white fur, pain severe, give bryonia, four drops every hour. If pleuro-pneumonia is present, manifested by rusty sputum and severe cough, then tincture sanguinaria, 2 to 4 drops with wine of antimony, 2 to 4 drops, every two hours may be administered. If these means fail to evacuate the fluid, aspirate and repeat as long as the effusion is serous. Give fresh air and exercise as soon as possible.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

FECAL OBSTRUCTION.

Wm. F. Waugh, of Chicago, the well known clinical observer and teacher, says that for fifteen years he has used successfully, rectal injections of coal oil to overcome fecal obstruction, and relates in detail an especially severe case. The oil used is the common kerosene—pure oil with no admixture of water. The injection is absolutely devoid of irritation—in fact the patient does not realize that there is anything being injected but water. From a pint to two quarts may be given. It is well to retain the enema for an hour to allow the oil time thoroughly to permeate the fecal mass. Hot, soapy enemas may then be used to bring away the disintegrating feces. In one case where intestinal ulceration was present the oil was given without pain or injury. In Germany the use of atropine hypodermically in fecal obstruction is coming to favor. A full dose, gr. 1-100 to 1-67, will certainly start up peristalsis, and many a so-called appendicitis may thus be saved from the operating table. Waugh advises the additional use of arceoline, a remedy known to the veterinary surgeon, which as he says, "energizes the peristalsis." But where hard and large masses of fecal matter have accumulated it may be dangerous to induce active peristalsis before these masses have been broken up. Waugh has never seen any ill-results from the injections of kerosene, nor ever had any such reported to him.

STERILITY CAUSED BY THE X-RAY.

It has been known for some time that prolonged exposure to the X-ray has a destructive influence upon the function of the ovary, and this is taken into consideration when the ray is used therapeutically on women. We learn now that the X-ray has an analogous effect on the male generative organs. It was first determined by experiments on rabbits and guinea pigs. It was found that exposure for a brief period (15 to 20 minutes) caused death of the spermatozoa. Exposure for a longer time causes entire absence of them. Five months after ceasing the exposure the semen was found swarming with living spermatozoa. Philipp reports the case of a man treated by X-ray for pruritus ani, the time of total exposure being 195 minutes. Seven months later examination of his seminal fluid showed complete azoopermia. In an establishment the men engaged in the testing of tubes, although free from disease or deformity were all affected with azoospermia. In all those who had extensively engaged in X-ray work for more than three years, spermatozoa were entirely absent from the semen and the married men among them failed to beget children.

It would then appear as a necessary precaution that the operator of the Roentgen tube should work behind a screen impermeable to the rays, and should expose himself only when absolutely necessary and then only for the shortest possible time. In the patient treated by X-ray the testicles should also be protected by a shield or screen.

MODERN USE OF CARBOLIC ACID.

The fear of toxic effects, irritation, and even gangrene following the use of carbolic acid in watery solution, has disappeared from the mind of the modern surgeon since it was found out that alcohol neutralizes carbolic acid and prevents any destructive effect from its local use. Since then its field of usefulness has been greatly enlarged. It is

used now, not in a weak solution, but as the so-called pure acid—that is, the liquified crystals. Its value depends, first, upon its power of producing plastic inflammation; second, upon its action as a powerful and penetrating germicide. An example of the first is its use for the radical cure of hydrocele. The technic is simple, it being only necessary to evacuate the hydrocele and then, through the needle remaining in situ, inject fifteen to twenty drops of the acid; withdraw the needle and by manipulation insure its contact with every part of the sac. The same technic may be followed in chronic serous inflammation of bursae or tendon sheaths.

Under the second head come its most valuable uses. All septic wounds can be sterilized by mopping them out with pure acid, followed by alcohol. In acute as well as chronic suppurative processes, such as tubercular abscesses and softenings and even those of highly infectious character as of glanders or actinomycosis, healing is greatly hastened by filling the cavity with pure carbolic acid. Remove it with the pus and debris and neutralize the remaining acid by mopping out with alcohol.

But a few precautions must be observed. Never apply the pure acid to a moist surface or severe burns will result. The field should be thoroughly dried before using the acid and the alcohol should reach every point touched by the acid. Water must be kept away. The acid should never be left in contact with wound or skin for more than two minutes. That is the limit—one half the time would usually suffice for the acid to penetrate to all parts. Carbolic acid, which had been all but discarded a while ago, has again become a powerful weapon in the hands of the modern surgeon.

THE FAMILY REFRIGERATOR.

We have at previous times called attention in the pages of The Recorder to the fact that the family refrigerator is often a source of disease. The origin of many cases of disease could be traced to a dirty refrigerator. This is a somewhat neglected subject but it is worthy the practitioner's attention. In the Bulletin of the Illinois State Board of Health the following instructions are given on the care of the refrigerator:

An important feature of the hygiene of the home, which is very frequently overlooked, even by most excellent housekeepers, is the regular and thorough cleansing of the refrigerator. While it is true that the usually low temperature of the refrigerator will prevent very rapid decomposition, it is none the less true that decomposition will occur and drops of milk, fragments of meat and small pieces of food will undergo putrefaction, until the whole refrigerator is charged with thousands of putrefactive bacteria. The odor of the refrigerator may not be pronounced, but milk and other articles of food placed in such a refrigerator will spoil quickly, and will become unfit for consumption.

Milk from a foul refrigerator is especially dangerous to the sick or to infants, and it is doubtless true that many disturbances of digestion of babies arise from good milk which has become spoiled in the dirty ice box.

Every refrigerator or ice box which is in constant use should be thoroughly cleaned at least once a week. It would be better if it were cleaned thoroughly twice a week. All articles should be taken out, the lining should be scrubbed and the shelves, if detachable, should be exposed to the sunlight. The corners and crevices of the ice box should be given careful attention. The drain pipe, carrying away the water from the melted ice, should be kept free constantly.

In placing milk or cream in the refrigerator, care should be taken that there is no leakage or dripping.

Impure ice is used so frequently that cleanliness of the refrigerator is especially necessary.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 FEBRUARY, 1907 No. 2

HYOSCINE, MORPHINE ANESTHESIA

One of the most important and interesting matters brought before the profession for some time is the subject of hyoscine, morphine and cactin anesthesia. This method of anesthesia should be investigated, impartially, and whatever value it has, determined. The fact that the method has been condemned in certain quarters before it has had a fair trial should not deter us from a thorough investigation. Nearly every innovation in medical practice has had its opponents. The attacks made on the antitoxin treatment of diphtheria are still fresh in our minds, although today antitoxin has robbed diphtheria of most of its terrors.

We have observed with no little interest what seems to be a concerted attack upon the new method of anesthesia. Dr. H. C. Wood, Jr., opened the campaign with a paper in American Medicine, in which he collects statistics from a number of sources, principally European, and from these he deduces a very favorable verdict against the new method. This was followed by some correspondence in the Journal of the American Medical Association, which is so peculiar that it deserves attention. A physician writes for information on this topic, quoting expressions from an advertisement, and comparing them with statements in Wood's article.

Under such conditions one would think fair play would have prompted the editor to submit the matter to both parties, or else to an impartial third party; naturally one who, having had personal experience with the method would be qualified to discuss it intelligently. Instead of this, the editor submits the matter to Wood, who, having already taken positive grounds against hyoscine anesthesia, could be depended upon to oppose it. We may remark here that both Drs. Wood and Abbott, being regular members of the American Medical Association in good standing, are entitled to equality in every matter pertaining to it, and that neither could justly be granted privileges withheld from the other. Dr. Abbott has a perfect right to engage in business under the code, and Dr. Simmons has, under that document, no right to place Abbott on any other footing than that of any other member.

In his comments Dr. Wood descended to the use of epithets, which is certain evidence of weakness in character or argument. We looked into the matter closely and found that the Wood in question was not the author of the work on therapeutics, long used as a text-

book, but his son. We will examine one point of his statement and see what light this may shed on his claims as a therapeutist.

Dr. Wood says that the hyoscine does not add to the anesthetic effect of the morphine in this combination, while the former adds materially to the danger. Here we leave Abbott, who can take care of the personal element of the discussion without our aid—the question above stated brings Wood directly into antagonism with the entire surgical section of the profession, who have tested this combination and know that from it an anesthesia is obtained that is most emphatically not that obtainable from the morphine used alone. In such a matter we are not obliged to take the word of any other man, for every physician has it in his power to test for himself, administering to one patient a quarter grain of morphine alone, noting the effects, repeating twice at two-hour intervals, testing the anesthesia produced, and then applying the combination with hyoscine and making similar observations. So far the testimony of surgeons is unanimous on this point—hyoscine and morphine together (with cactin as a supporting heart tonic) do produce anesthesia that is not due to the evident that we may justly base our estimate of Wood's therapeutic standing.

Personally we have no bias for or against the new method of producing anesthesia. But there is one point in Wood's arraignment that should be noted—he is comparing the latest and most favorable statistics for ether, after half a century of work in producing a pure article and elaborating the technic, with the first trials of hyoscine, morphine and cactin. In the statistics quoted by him it will be noted that there are wide variations in the results of various persons, and these may be assigned to differences in method and also in the purity of the article furnished. It does not appear unreasonable, therefore, that we should take the most favorable of the reports given instead of their average, as if one man, by the use of pure hyoscine and a successful technic, finds the method available, we can use his experience and equal his success instead of employing the methods with which other have failed. This is precisely what we do when we accept the quoted statistics concerning ether.

The matter is one of the most important that has come recently before us. If the claims for the new anesthetic are established, surgery has made a notable advance. We do away with all nausea, shock, post-operative pulmonary and renal affections, and render operations possible under circumstances where they would be difficult or impossible otherwise. We have learned when to use and when not to use ether; it is reasonable to presume that we will learn by sad experience the limitations as to the newer method; but without wide experimentation we learn nothing, and the adoption of Wood's methods and conclusions means dropping all effort at advance in matters therapeutic.

Ever since The Recorder was established it has stood for the "square deal" in matters professional. In mooted questions we have always given both sides a fair consideration. While writing this the Virginia Medical Monthly for January 25, has reached our desk. In it we find a paper on the subject of this new method of anesthesia, which thoroughly and carefully covers the ground. We consider this subject of such importance that we republish this article in The Recorder this month in the "Doctor's World" department.

The Cincinnati Enquirer says a woman in that city died under circumstances demanding investigation. She had been paying $5.00 a box for a patent medicine valued at 15 cents, for a long time. Wonder if she paid her doctor?

EDITORIAL NOTES

Earp says the constitutional effect of potassium iodide may be easily produced by its use per rectum.

In pneumonia Maxwell places his main dependence in echinacea, using it to combat the toxemia, with success.

Narceine is the anodyne par excellence for use in the pains of rheumatic neuralgia.—Birchmore, Med. Summary.

This is a good time to test the virtues of calx sulphurata as a preventive of scarlet fever. Give a grain three times a day.

How easily the incompatible prescription is obviated—don't combine drugs at all, but administer exactly the right one by itself.

Allbutt advises aspirin guarded with caffeine for the myalgia of influenza and favors the use of quinine as a preventive.

Dr. Eckard discusses the use of undrawn poultry in the Chicago Clinic for January, in a way to make an eater shudder.

We find the chloride of iron test for morphine, as applied to urine, utterly unreliable. Marquis' reagent is said to be better.

O'Donoghue (St. L. Med. Review) treated a case of icteric pruritus successfully with pilocarpine, fel bovis and chionanthus.

From time to time we are made painfully conscious that we are non grata to somebody. Never mind, so long as it is not ourself.

If heaven is near when the baby smiles, then surely another place seems less than a mile away when he yells.—Med. Monitor.

One of the experiments that open the eyes is the use of aesculin chronically in cases of piles and other rectal maladies. Gr. 1-6 t. i. d.

Whalen says: Shun the overcrowded, filthy, disease-breeding street car. Get out and walk the last mile, to disinfect your air-passages.

A new world opens to the student of drug action. What has the profession been doing all these centuries? Wasting time, principally!

The Medical Mirror truly says: "Whenever you hear a fellow knocking a doctor, it's dollars to doughnuts he owes him money."

The great specialist, S. S. Bishop, treats influenza with a combination of morphine, gr. 1-12; caffeine, gr. 1-6, and atropine, gr. 1-600.

Mrs. Martha M. Allen has isued a book entitled "Alcohol as a Medicine," at $1.25, which is a good thing to buy, read and circulate.

Picrotoxin reduces the intestinal muscular tonus, very slightly increasing the force of peristalsis, says Ott in the Therapeutic Gazette.

The secret of success with many remedies such as aesculin, arbutin and berberine, is, small doses persistently for one to three months.

Papaverine, the most dangerous ingredient of opium, has also the widest limits of variation in quantity.—Birchmore, Med. Summary.

The Princeton Republican says a little child at Oakland, Calif., picked up a sample of patent medicine left at the door, ate it, and died.

In chronic maladies nature's slowly progressive processes must be imitated, the morbid course traced backward. We can not hurry her.

Kraft seconds a popular writer who prefers household flour or 'seconds' as this contains the germ of the wheat, which is not in the finer grades.

Church says, marked evidence of degeneracy is commonly associated with

marked functional weakness, which may be mental, nervous or physical.

It is a question if coffee would disagree with many persons if they made it properly, by percolation, at once removing to a china receptacle.

Georgia courts decide that a druggist is not responsible when he recommends a prescription, not his own, and harm results, says the Pharmaceutical Era.

Boston citizens brought in 245 samples of milk out of 18,582 examined; Chicago citizens, 6,071 or 42,160 examined—1.3 per cent to 14.4 per cent.

J. W. Hamilton (Clinique) advises scopolamine to begin anesthesia, completing with ether. He quotes 51 operations, mostly laparotomies—fine results.

Dark, syrupy extracts of corn silk are made from the dried silk and are devoid of the value inherent in the volatile principles, says the Therapeutic Digest.

Recent observations show that the glonoin group cause a direct and powerful pulmonary vasomotor spasm, forcing out blood till the tissues are white.

A plant growing in Selangore is said to have cured over 14,000 people of the opium habit in one district in Malaya, and has started a crusade against opium.

In the Medical Record for January 26, G. K. Dickinson presents an indictment of the house-fly as an agent in the dissemination of disease, that should be studied.

According to Church a perfectly normal individual is a rarity. No two observers, perhaps, could agree upon the criteria which should mark a normal individual.

To be forced to get up too early grinds the soul, curdles the blood, swells the spleen, destroys all good intentions and disturbs all day the mental activities, says somebody silly.

Coe, having made up his mind that the A. M. A. is to meet at Seattle, in 1909, everybody may as well agree, and save trouble. Couldn't be better. Let's go!

Out of 4,604 cases of insanity tabulated by the Morristown, Pa., insane asylum, annual report, only twenty-two are assigned to drug habits as their cause.

Kraft refers to the uses of urine therapeutically, by emigrants, for baby's sore mouth, for 'sore eyes,' and other purposes. Every boy probably knows the efficacy of urine in curing chapped hands.

The hold obtained by the autoinfection theory is shown by the numerous advertisements of new remedies for that condition, such as a very beautiful one issued by the Anti-Autotox Co., of New York.

Hyoscine and scopolamine are directly antagonized by atropine, and neither should be used with ether, the vasomotor relaxation and hypersecretion tending to produce pulmonary edema.—Austin, Med. Monitor.

A very annoying condition to many people is prominent, outstanding ears. In the March Recorder, Dr. C. C. Miller will have a practical article on the surgical treatment of the condition, illustrated with fine half-tone plates.

In his little article on "Pernicious Anemia," Dr. Waugh makes the excellent suggestion that nuclein be held on the tongue and absorbed from the mouth. This is a satisfactory method of administering nuclein, either solution or tablets.

In this number begins the series of articles on practical pediatrics, by Dr. M. A. Blanton. These articles will be continued for a year or more and, together, will form a valuable treatise. The article in the March Recorder will be devoted to bronchitis.

Reading the fine testimonial to Professor I. E. Atkinson in the Hospital Bulletin of December 15, we are reminded that the last productions of his pen we have seen in print were endorsements of the active principle movement. We regret his death, as a teacher ahead of his time.

A surgeon discussing gallstone in the W. Va. Medical Journal, says none of us can lay claim to a drug that will influence the passage of the stone or dissolve it; and he then shows his ignorance of modern therapy by stating that our best medical resource is to relieve the colic with morphine and give chologogs and digestives.

In a suggestive editorial on the causes of drug skepticism, Robinson (Therap. Medicine) enumerates the use of uncertain and variable drugs, unfamiliarity with incompatibilities, mixing antagonistic drugs, failure to consider the absorptive conditions, insolubility of pills or tablets, substitution, and mistakes in selection of drugs to suit the case.

Fortunately, we believe that the practices mentioned by Dr. G. G. Burdick in his article this month, have not become general. It is well, however, for us to recognize the presence of such evils and stop them before they become general. Dr. Burdick, in his vigorous style, will continue to discuss the evils besetting our profession and offer suggestions for their removal.

H. B. Williams pronounces dionin the best ocular analgesic we have, but not an ocular anesthetic. One of dionin's most valuable qualities is its ability to clear up opacities of the cornea. In subacute and chronic glaucoma dionin can be relied upon to reduce tension and relieve pain—the permanent cure can not be claimed. For pain and discomfort in eyes following over-use, dionin in 1 to 2 per cent solution instilled into the conjunctival sac usually gives relief. While he has often seen dionin fail to do good, he has never observed any ill-effect from it at all.

"Rectal Conditions" is the title of an interesting and practical book recently issued by Eugene F. Hoyt, M. D., of New York City. The book opens with this quotation: "I have come to the conclusion that nobody abuses another, unless he fears him or envies him." Dr. Hoyt gives the methods which have been successful in his practice. In view of the present crowded condition of the medical profession the following from Dr. Hoyt's preface is of interest:

"When I have finished my thirty-sixth year in this specialty, and that wont take long now—I am going to retire. I am sending out a few farewell lines, not for the purpose of self-exploitation, as I passed that necessity many years ago—but to offer a suggestion and inducement that may lead many younger men to adopt this line of practice. There are about one hundred bright physicians in this city today that are just thirty years old that could not do better than to follow this outlook. With one hundred in the field, all well equipped and honest, the subject would be so popularized that it could not fail to command the patronage of that twenty per cent of all the people that are suffering from something of this kind. No one reputation can compass but a small portion of this invalid class, but a united array of masterful talent could so impress its stamp of superiority upon this invalid world, that a general and popular support could not fail to be the outcome. Of course no one can be infallible, but approximations express the relative difference between different individuals. The compensations both as to money and gratitude are greater than in any other form of practice, because more can be done to quicken that sense of appreciation which always speaks the language of true equivalents."

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Multiple Warts. Hall (B. M. J.) reports warts cured by active purgation extending over two months. Sulphate of magnesia and aloin have both been tried with success. In one case reported there were 367 present on one hand and wrist alone.

* * *

Furunculosis.

℞

Sodii boratis, acid borici, acid salicylici, acid tannici.....
.....aa oz. i. or 30.00.

M. S.—Sprinkle on yeast poultice and apply.—Med. Record.

* * *

Pleasant Laxative.

℞

Fluid extract rhamni purshianae
.....dr. v. or 20.00.
Syrup auranti cort.....
.....oz. iiiss or 100.00.

M. S.—Take a dessert spoonful at bed hour.—Vinay, Gaz des Hopiteau Militares et civils.

* * *

Anti Acne Syrup. In acne it is of great advantage to prescribe the alkalies. The following formula is valuable:

℞

Sodæ bicarb....10.00 or dr. iiss.
Sodii benzoatis.....5.00 or dr. i.
.....and gr. xv.
Syr. antiscorbutici ....300.00 or
.....oz. x.

M. S.—A dessert spoonful after each meal.

* * *

Multiple Warts. Cooper (B. M. J.) reports the cure of multiple warts by taking lime water internally. He came upon this accidentally by taking lime water—a wine glass full before meals for digestive disturbances. At the end of two weeks a wart on his thumb which had resisted local treatment disappeared. He tested other cases with marked success. The warts generally disappear in from four days to six weeks. He administers it in milk.

* * *

Wax in the Ears. To dissolve and make ready to syringe out with the syringe, use the following:

℞

Sodii bicarb.....gr. xv. or 1.00.
Acidi carbolici.....gr. x. or 0.60.
Glycerinae-aquae.....aa 15.00.

M. S.—Drop twenty drops into the meatus several times before syringing. —Medical Review of Reviews.

* * *

Hyperchlorhydria. Von Bergman used tablets containing pilocarpine and alkalies. Aubu, of Berlin, recommends:

Extracti belladonnae, gr. v or 0.33.
Ext. belladonnae...gr. v. or 0.33.
Bismuthii subnitratis, magnesiae, sodae bicarbonatis.....
.....aa dr. iiss or 10.00.

M. fiat pulv. S.—Half a teaspoonful to be taken one or two hours after each meal.—Practitioner.

* * *

Thymol Iodide in Hay Fever. Fink (Therapie der Gegenwart) believes that the mucous membrane of the antrum of Highmore is the point of departure of the reflex irritation which produces hay fever. In order to overcome this he insufflates thymol iodide through the orifice of the maxillary sinus, situated in the middle meatus of the nasal cham-

bers. He uses a powder insufflator with a curved canula to apply the powder. The relief is marked and permanent. In some cases one treatment is sufficient; in other it is necessary to repeat.

* * *

The Treatment of Erethymatous Eczema. Shoemaker (Medical Bulletin) gives first a calomel purge, followed by a saline; then gives a tonic internally and a pill to regulate the bowels. Externally to allay the severe itching and burning he prescribes the following:

℞

Magnesiae carbonatis. 2.00 dr. ss.
Creosoti (beechwood) 1.33-m xx.
Liquoris calcis.
Aquæ hammelidis, aa 90.00-oz. iii.

M. S.—Shake; mop surface affected twice daily.

* * *

For Epilepsy. Thurmon (Medical Mirror) lays great value on the following:

℞

Potassium iodide. . 15.00 or oz. ss.
Sodium bromidii. . 90.00 or oz. iii.
Liquoris potassii arsenitis. . . . . .
. . . . . 15.00 or oz. ss.
Tr. belladonnae, 12.00 or dr. iii.
Syrupii simplicis, 12.00 or dr. iii.
Aquae ad. . . . . 480.00 or oz. xviii.

M. S.—One teaspoonful in cool water after breakfast and dinner, and two at bed time.

* * *

Liability in France for Surgeon's Fee. A surgeon was called to see a very sick woman in Paris and the mother begged the surgeon to "save my daughter at any price." An operation was performed but the patient died. The surgeon's fee was $6,000, which the patient's husband, a comparatively poor man, was unable to pay. The surgeon then sent the bill to the mother and on her refusal to pay, appealed to the court. The court held the husband responsible and freed the mother from all liability, but an appeal to a higher court resulted in a reversal of the decision. The judge accepted that the appeal of the mother to the surgeon to save her daughter at any cost, was an order to operate, and the mother was compelled to pay the fee.

* * *

Avulsion of the Penis. Biondi (La Clinici Moderna) reports the case of a man aged 64 whose penis was pulled off by an energetic young woman with whom he was attempting to have sexual intercourse against her will. The case came into the courts and as it was of considerable forensic interest as to the possibility of such a thing occurring, experiments were conducted on the cadaver. It was found that the force necessary to avulse the penis in a flaccid state was greater than that posesssed by an ordinary person. But in the erect state which was accomplished on the cadaver by the injection of sodium chloride solution direct into the corpus cavernosum the resistance, which was chiefly due to the tunica albuginea, was very much reduced, and quite within the average strength of a woman.

* * *

Salimenthol is one of the most recent contributions to pharmacology from the salicylic acid group. In describing its therapeutic virtues, Karl Reicher, (Therap. Monatshefte) furnished an interesting explanation of the general aspects of the entire series of salicylic acid compounds. Salimenthol is the salicylic acid ester of menthol. It is a light yellow fluid, almost tasteless, and of a slight but pleasant odor. It contains almost equal parts of salicylic acid and menthol and may be taken internally in capsules of 0.25 gm., or may be applied externally in the form of a 25 per cent ointment. The disinfectant and analgesic properties of both its components suggest numerous indications for its employment. The author obtained favorable results in acute, chronic and muscular rheumatism.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Neurology, Surgery, Obstetrics, Gynecology, Orthopedics, Pediatrics, Pathology, Dermatology, Ophthalmology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Memmers of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. IV. Sixteenth Series. Pages 322. Illustrated, Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

We are pleased to call attention to some of the leading articles in the latest issue of this excellent series of books. Dr. John H. W. Rhein, of Philadelphia, contributes a monograph on "Electro-Therapeutics," giving the principles of electricity and its application in the treatment of disease. The treatise has forty-three illustrations. "The Prevention and Treatment of Chronic Nephritis" is a practical article by Dr. J. M. French, of San Diego, Calif. "The Etiology and Treatment of Chronic Constipation," by Dr. J. Dutton Steele, of Philadelphia, presents an excellent resume of this subject. "The Treatment of Obesity" is a clinical lecture by Dr. P. Grocco, of the University of Florence, Italy. Dr. Howard Lilienthal, of New York City, contributes "The Non-Operative Treatment of Renal or Ureteral Calculi Causing Colic." In this article Dr. Lilienthal gives in detail his method of treatment by the ingestion of large amounts of distilled water. Every practitioner will find this article well worth reading. Dr. Roger S. Morris, of Baltimore, writes on "Myxedematous Infantilism and Incomplete Myxedema." Another good article is "Syphilitic Aortitis," by C. Dieulafoy, M. D., of Paris Faculty of Medicine. "Recent Progress in the Disorders of the Adrenals," by Dr. Leon Bernard, of the Paris Hospitals, gives the latest on this subject. "The Principles of Treatment of Fracture of the Lower Extremity" is a valuable treatise by Dr. Geo. G. Ross, of Philadelphia, illustrated with thirty-one full page plates. Dr. Joseph B. De Lee, of Chicago, contributes an exhaustive article on "Placenta Previa and Its Treatment," illustrated with colored plates. David Wallace, F. R. C. S., of Edinburgh, Scotland, writes on "Vesical Tumors." Dr. W. A. Newman Dorland, of Philadelphia, presents "Lacerations of the Cervix of the Uterus," illustrated with colored plates. A valuable clinical lecture is given by Dr. E. F. Trevelyan, of Leeds, Eng., on "The Laryngeal Complications of Pulmonary Tuberculosis," illustrated with plates. "The Mastoid Operation" is a practical contribution by Dr. Chas. W. Richardson, of Washington. All of the articles in the volume are worthy of notice, but our space prevents. The volume is profusely illustrated and will add to the working knowledge of every practitioner who reads it.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. An Introduction to the Study of Obstetrics and Gynaecology for Medical Students and Practitioners; with a Glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynaecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc., etc. Third Edition. Revised and Enlarged. Il-

lustrated with a colored frontispiece and numerous outline drawings. 12mo, 136 Pages; Interleaved throughout for adding notes. Bound in Extra Cloth. Price, $1.25, net. F. A. Davis Company, 1914-16 Cherry St., Philadelphia, Pa.

This book furnishes to students of medicine, and practitioners, an outline of the principal facts in human embryology While this work is specially designed for, and will be found particularly useful to students in their first and second years at college and is likewise a desirable manual for review and reference for the general practitioner, it is not intended to take the place of the exhaustive textbooks on embryology, but is primarily for use in the class room supplementary to the lecture and for laboratory guidance. It can also be used for self-instruction and in laboratory work in connection with the usual textbooks.

The chapter on practical work gives instructions for laboratory work which make it a valuable guide. A glossary of the words and terms used in embryology is appended. The many illustrations add much to the value of the work.

GENITO-URINARY DISEASES AND SYPHILIS. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 Full-page Colored Plates. Second Edition, Revised and Enlarged. Royal Octavo, 500 Pages. Bound in Extra Cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This is one of the best works for the general practitioner, on this subject, ever issued. We highly commended in these pages, the first edition of this work when it appeared, and we are glad to call attention to this second edition, which has been revised and enlarged and brought up to date in every respect. In addition to venereal diseases, the book treats on disease of the bladder, kidneys and prostate. The recent advances in the treatment of the prostate make this section of the book of especial value as it gives the latest methods of treatment. The surgical diseases of the kidney receive careful attention, the best methods of diagnosis and treatment being given. The author has, all through the book, kept in mind the general practitioner, whose opportunities for seeing such cases may be limited, and has presented diagnosis, prognosis and treatment in such a manner as to make the book a practical guide. The many splendid illustrations add greatly to the value of the book. The practitioner who buys this book will never regret it.

THE PRACTITIONER'S MEDICAL DICTIONARY. An Illustrated Dictionary of Medicine and Allied Subjects, Including all the Words and Phrases Generally used in Medicine, with Their Proper Pronunciation, Derivation, and Definition. By George M. Gould, A. M., M. D., Author of "An Illustrated Dictionary of Medicine, Biology, and Alied Sciences," "The Student's Medical Dictionary," "30,000 Medical Words Pronounced and Defined," "Biographic Clinics," "The Meaning and Method of Life," "Borderland Studies," etc.; Editor of "American Medicine." With 388 Illustrations. Octavo; xvi -|- 1043 pages. Flexible Leather, Gilt Edges, Rounded Corners, $5.00; with Thumb Index, $6.00, net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia.

This dictionary is the latest in the series edited by Dr. Gould, and is new

in every respect and detail. Its object is to supply the practitioner with trustworthy, modern definitions of essential medical words and terms. It contains among other new features, the terms of the Basle Anatomical Nomenclature, which has practically reduced the anatomical terms by many thousands. The standards of pharmaceutic preparations as authorized by the eighth decennial revision of the United States pharmacopoeia are given. Tables of signs and abbreviations used in general medicine and the specialties, and of the English and metric systems of weights and measures are introduced.

It has been made up in a form most suitable for ready reference, complete in text and illustration, and attractive in appearance. Printed on tough, thin paper, excessive weight and bulk eliminating, while the dull surface of the paper, together with the employment of new clear type, facilitate ease and comfort in reading. The book will lie perfectly flat at any page to which it may be opened.

Over two hundred thousand copies of Dr. Gould's other medical dictionaries have been sold, which is sufficient evidence that this work is worthy of consideration. Every doctor desiring a comprehensive, up-to-date dictionary will find that this one will meet his requirements.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. IX. Anatomy and Pathology. Edited by W. A. Evans, B. S., M. D., Professor of Pathology, College of Physicians and Surgeons, Chicago. Physiology and Bacteriology: Edited by Adolph Gehrman, M. D., Professor of Bacteriology, College of Physicians and Surgeons, Chicago. Dictionary of New Words; Edited by Wm. Healy, A. B., M. D., Instructor in Gynecology, Northwestern University Medical School. Series 1906. Pages 236. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

The editors of this volume are men eminently capable of producing a good work. The year's progress in these departments is given with notes by the editors. Bacteriology is considered under four heads: Chemistry of bacteria, general bacteriology, special bacteriology, and diagnostic methods. This volume will be especially valuable to the practitioner who has been engaged in practice for a number of years, and who wishes to keep up in these branches.

The book contains twelve full page plates and a number of other illustrations.

PLASTER OF PARIS AND HOW TO USE IT. By Martin W. Ware, M. D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery, N. Y. Post Graduate Medical School. 12mo; 72 Illustrations. Pages 100. Cloth, $1.00. Surgery Publishing Co., 92 William St., New York City.

This is one of the most useful books ever presented, not only on account of the general demand for the information and instructions upon the subject which this book so explicitly, practically and comprehensively covers, but because this knowledge was not previously available except from such a vast experience as enjoyed by Dr. Ware, or, in part, by reference to many books on allied subjects. The whole subject, from the making of the bandage to its use as a sup-

port in every form of splint, corset or dressing, is graphically described and illustrated. The use of plaster of Paris in dental surgery is also covered. The book is printed and bound in the artistic manner characteristic of the productions of the Surgery Publishing Company.

BOOK NOTES

The January number of the "American Medical Compend" is a "Byron Robinson number," a tribute of respect and honor to the labors of one of America's greatest medical writers and original investigators. It was a conception which originated in the minds of several physicians, of Toledo, who desired to honor Byron Robinson, on this the occasion of his silver jubilee in medicine, by publishing short contributions relative to his work from the pens of some of the most eminent men of the medical profession. The number contains tributes from eminent members of the profession in all parts of work.

In the Cosmopolitan magazine for February, Josiah Flynt tells of "The Pool-Room Vampire and Its Money-Mad Victims," a traffic that has wrecked more homes than Wall street, that counts more victims than the bucket-shop. "The Smoke of Sacrifice" is the sixth chapter of the series on the wrongs of child labor, by Edwin Markham. "Caste in Various Countries" is the third article in the series describing the influence of caste upon society, by Charles Edward Russell. Alfred Henry Lewis contributes his biography of Andrew Jackson. Other articles, fiction and pictures make up an interesting magazine.

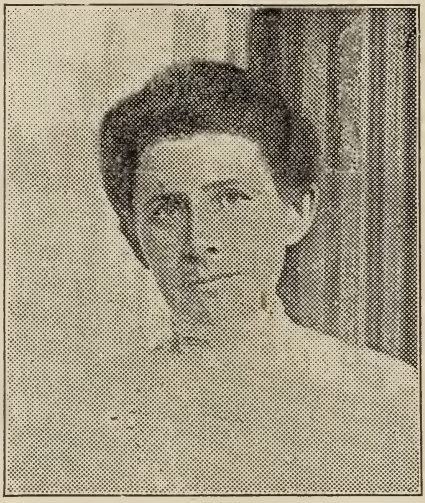
"The Wild Animal Physician and His Patients," by A. W. Rolker, is a very interesting article in the February McClure's Magazine, telling about the treatment of sick animals at the New York Zoo. Georgine Milmine contributes the second installment of the life of Mary Baker Eddy and the history of Christian Science, the first authentic history of the movement ever published. John La Farge gives another article in his series on "One Hundred Masterpieces of Painting" with illustrations in tint. This month's chapter of Carl Schurz' "Reminiscences of a Long Life" tells of the campaign of 1860 and the nomination of Lincoln. William Allen White writes one of his characteristic articles on "Roosevelt: A Force for Righteousness." The number contains an excellent variety of good fiction. There is always good reading in McClure's.

P. Blakiston's Son and Company, Philadelphia, announce that timeliness of interest, aside from any other condition, lends especial importance to the early publication of Foods and Their Adulteration, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, Beverages and Their Adulterations. Dr. Wiley is Chief Chemist to the United States Department of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drug Law became effective January, 1907, and that public interest in it is now intense, will no doubt result in a demand for both volumes. The books will be generously illustrated from original photographs and drawings.

"Our Industrial Juggernaut," in the February Everybody's Magazine, by Arthur B. Reeve, is an astonishing exposition of the yearly sacrifice of life in America to the twin gods of speed and greed. "Dollars vs. Pedigree," by Geo. Barr Baker, is a sane discussion of international marriages, particularly of the sort which have recently gained notoriety. "Shall We Give Tips?" by Theodore Waters, is a powerful arraignment of the growth of the tipping evil

in America. William Morton Fullerton, Paris correspondent of the London Times, writes an illuminating account of Georges Clemenceau, Prime Minister of France, and the problems which confront him. "The Autobiography of a Business Man" is a well-known and successful Chicago merchant's account of the ways and means to his success. The fiction of the number is by well-known writers.

The February number of The American Magazine is easily the best one issued so far by the new editors. Miss Tarbell's Lincoln article is undoubtedly one of the great stories of the year. Josephine Daskam Bacon begins her new series, "We and Our Servants."



IDA TARBELL.

Frederic C. Howe reveals some astonishing facts about "Graft in England." Dr. Leonard Keene Hirshberg tells the truth about "Cancer, the Unconquered Plague." W. G. Fitz-Gerald reports the discovery, in South Africa, of a diamond three times bigger than any ever before found—a diamond bigger than a baseball. "The Interpreter" this month talks about Lincoln—a talk which the critic shrewdly suspects is from the pen of F. P. Dunne, the creator of "Mr. Dooley," although it is unsigned. The fiction is unusually good; short stories by well known writers and serials by F. Marion Crawford and David Grayson.

The World To-Day is a wonderful magazine which grows better each month. A leading feature of the February number is a discussion of China and its future. Some of the leading articles in the number are: "Can China Fight?," (illustrated) by Homer Lea; "The Makers of New China," (with portraits) by William Elliot Griffis; "The Conquering Motor Car," (illustrated) by David Beecroft; "The Elevated Railway and Civic Beauty," (illustrated) by Ernest C. Moses; "The Young Man in Politics," by Sherburn M. Becker; "New China," by Thomas F. Millard; "The Car Famine in the Northwest," by James Linn Nash; "Remaking the Senate," by F. G. Moorhead; "The Gifts of the Stars," (illustrated) by W. S. Harwood; "The Appointment of James Bryce as British Ambassador," by Shaller Mathews; "Do Reformatories Reform?" (with portraits) by Samuel Fallows; "The Michigan Forestry Convention," (illustrated) by John Ihlder; "The Labor Press," (illustrated) by William Restelle; "Solving the Race Problem in Atlanta," by Annie E. S. Beard; "The Small Holdings in Denmark," by Helen Campbell. The magazine is only $1.50 per year, but it contains more and is better than many $3.00 magazines.

Don't give a man a limp paw. Make him feel he shakes hands with a real live man, full of warm blood.—Medical Era.

Again I say, more air, more sunshine and more pure water in the home of the poor.—Howard A. Kelly.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Elysian Verse.—Dr. Otto Juettner, of Cincinnati, in his journal, the International Journal of Therapy, is writing a breezy serial, "Elysian Happenings," and sometimes drops into verse. The following is from a late installment:

I love a man that's honest,
  A man that's truly good,
That would not cheat his neighbor,
  That would not if he could.

I love a man that carries
  One face with him, not two,
For while his head may bungle,
  His heart is always true.

I love a man of courage
That's not afraid to speak,
Who'll fight for truth and virtue,
  Who ne'er grows pale or weak.

I love fair play forever,
  I love a deal that's square,
I love to see a rascal
  Get his apportioned share.

I love all schools and pathies,
  I love Him, Her and It,
I love the whole profession—
  But d— the hypocrite!

Byron Robinson.—The original contributions of Dr. Byron Robinson to The Recorder have been of special value to many subscribers who will be interested in the following from the "Byron Robinson number" of the American Medical Compend:

Byron Robinson is eminently an investigator, a research student He is an original, persistent student, and is unknown to the social clubs of his city. When not actually engaged in his practice he is to be found at his desk, or in his laboratory den, where all the materials for dissections and experiments which have founded the rock and base for all his writings. Here he takes his recreations and finds his pleasure in his work. In preparing the first volume of "The Peritoneum," he dissected the peritoneum and viscera of one hundred different species of fish. He is now engaged in the dissection of the peritoneum of amphibians, birds and mammals, for the second volume of "The Peritoneum of Vertebrates," which is to be descriptive and comparative. Some

Byron Robinson

have doubted that this work could all be done personally and practically by one engaged without assistance in such a large surgical practice as Byron Robinson is known to have, not being able to realize the enormous amount of work which can be done by one man in perfect health, who does not frequent clubs, nor does not waste one hour in the twenty-four in any kind of dissipation. It is no exaggeration to say that Byron Robinson has the reputation in the profession of being one of its most conscientious, arduous and persistent workers.

Frederick Stearns.—The founder of the large and well known manufacturing pharmaceutical house of Frederick Stearns & Co., died suddenly at Savannah, Ga., January 12. Frederick Stearns came to Detroit in 1854 from Lockport, N. Y., where he was born seventy-five years ago, and founded the great laboratory which bears his name. He retired from active participation in business twenty years ago, and since then the work has been carried on by his sons, Frederick K. and W. I. Stearns.

As an antiquarian Mr. Stearns achieved knowledge that, had he been in professional ranks, would have given him great distinction. His collections are among the most valuable in the world; notably the wonderful group of musical instruments given to the University of Michigan, and the almost priceless oriental collection presented, at various times, to the Detroit Museum of Art.

A remarkable phase of Mr. Stearns' activities as a collector was their diversity. He found interest in many lines, in each of which he might fairly have been adjudged a specialist. And all this for the simple love of learning things that he might tell them to others, without price.

An instance showing the freshness of his enthusiasm is this. He had spent much time in Rome and become profoundly impressed by the antiquity of the Holy City, finding greatest joy in telling of its ancient and historic glories. Another year, still warm in his expressions of the antiquity of Rome, he went to Egypt. He spent a year in the land of the Pharaohs and came back to Detroit full of the joy of a new sensation; and in his utmost glee he told the writer that whereas he had supposed ancient Rome to be the end of antiquity he had found that, compared with Egypt, it was so modern as to seem like yesterday.

In 1896 Mr. Stearns was presented with a medal designed by Lewis T. Ives, commemorating his work in advancing the interests of a permanent home for art in the city of Detroit, Gen. Russell A. Alger making the presentation speech in the presence of the assembled members of the corporation. Mr. Stearns also was one of those who formed the Detroit College of Medicine into a corporation and one of its directors.

Hyoscine, Morphine Anesthesia.—At a recent meeting of the Seaboard Medical Association, held at Wilson, N. C., Dr. M. Monroe Moran read a paper entitled "The New Surgical Anesthesia, with Reports of Cases by the Hyoscine-Morphine Method." We republish the paper which appears in the Virginia Medical Monthly, as below:

The medical and surgical world rejoiced when, in 1846, Morton demonstrated that the abolition of sensation could be effected by the inhalation of ether. Two years before, and about the same time afterward, Wells and Simpson were using, respectively, nitrous oxide gas and chloroform for the same purpose. Each of these agents has been a blessing and boon to humanity. However, among the many advances in medicine and surgery there is none perhaps more notable nor more likely to triumph and survive than the discovery made this present year that morphine and hyoscine, when pure and combined in proper proportions and administered hypodermically, will as safely and effectively anesthetize a patient, and for a much longer period of time, than can be done by chloroform or ether or any other anesthetic.

To Lanphear, of St. Louis, and to Abbott, of Chicago, that peerless prince of pedagogic physicians, is due the credit for the introduction of this wonderfully successful method of producing general

anesthesia. And while the latter physician has been often criticized for his seeming dominant spirit of commercialism, one must praise him for the brave, bold stand he has taken against therapeutic nihilism. Dr. Lanphear states that he has used his method in over three hundred capital operations without a single failure, and that he has become so devoted to it that he has practically abandoned the use of chloroform and ether, in operative cases, excepting in the very young and the very old, the extremes of life being unfavorable to morphine.

The profession is more or less familiar with the experiments that have been made from time to time with scopolamine as an anesthetic agent, but the results have varied and not a few deaths have been recorded therefrom, so that Abbott conceived the idea that scopolamine alone was dangerous and that it must contain something else which produced the anesthesia. Knowing that hyoscine was present in the drug he concluded to try it in its chemically pure form. He selected the hydrobromide of hyoscine, which was free from atropine and atroscine, and combined it with morphine sulphate (free from thebaine) and cactin, the latter for its cardiant property. With this combination the results were satisfactory, and today many surgeons in this country are using with perfect success the hyoscine-morphine-cactin compound, and to the practical exclusion of all other anesthetics where general anesthesia is required.

It is of paramount importance that the ingredients used be pure and obtained from reliable druggists; otherwise there may be disappointment. Abbott's tablet contains hyoscine hydrobromide, gr. 1-100; morphine sulphate, gr. 1-4, and cactin, gr. 1-67. To anesthetize a patient it is recommended that two hours before operation the first tablet should be given and the second tablet after the patient is on the table, or about fifteen minutes before operation. Rarely the third tablet may be required, especially in the robust or where an extensive operation is to be performed. In the latter case the first tablet should be given three hours, and the second tablet two hours, or an hour and a half before operation. The third tablet then can be given, as in every case, when the patient is put on the table, or a few minutes before. Anesthesia will always be complete when the surgeon is ready to operate. The above directions how to use the anesthetic are those suggested, and followed, by Dr. Lanphear himself, and were followed by me in the three cases now reported, as also in the fourth case which I am able to report through the kindness of Dr. Holladay, of Portsmouth, Va.

Case 1. Appendectomy.—Miss B. M., age 17, American. Operation four hours after diagnosis of catarrhal appendicitis. First tablet 10 p. m.; second at 11:15 p. m.; slight movement of legs when skin incision was made; few drops of chloroform inhaled; anesthesia then complete; appendix removed and patient slept profoundly until 5 a. m., awakening free from pain, nausea and shock, and wanted breakfast. Speedy recovery.

Case 2. Amputation of Thigh.—Miss A. D., age 19, American. Sarcoma of head and tibia, due to injury received by falling from bicycle six months before operation. Pathological report made by Dr. J. W. Hunter, of Norfolk. First tablet at 10 a. m.; second at 11 a. m.; operation begun at 11:20 a. m. Few whiffs of chloroform required, as patient was somewhat wakeful, though analgesia was complete. Amputation at lower third of thigh; no movement observed. Patient awakened an hour after operation in good spirits, laughing, talkative, free from nausea, pain and shock, and did not know operation had been performed. Satisfactory recovery, but metastases may occur.

Case 3. Amputation of Thigh.—Mr.

B., age 22, American. Medullary disease of tibia, necrosis, etc. Lower third amputation. First tablet at noon; second at 1 p. m. Operation begun at 1:30; complete anesthesia; bone sawed twice, but no movement, yet patient was a little wakeful and drank water while the arteries were being tied in the stump. Satisfactory recovery.

Case 4. Carcinoma of Breast.—Mrs. A., age 38, American. Complete removal of breast with glands of axilla; forty-one stitches required to close. First tablet at 11 a. m.; second at noon, few drops chloroform; complete anesthesia at 12:30, when operation began. Patient slept several hours after operation and awakened free from pain, nausea and shock. Uneventful recovery. Too early to predict outcome.

Since these satisfactory results were obtained by the use of the methods, the naval surgeons at the Naval Hospital, Portsmouth, some of whom were present when the above operations were done, have operated on some hernia cases, and they state that they find it admirably suited to their needs. Surgeon-General Rixey has asked one of them to prepare a report for the benefit of the navy.

With reference to its use in obstetrics, I cannot speak, as I have not had any experience thus far, but those who have used it here are loud in their praise of the compound. It is said that in addition to rendering labor painless, it does not interfere with uterine contractions.

There are very few precautions to be observed with respect to its use. I would mention the following.

The stomach and bowels should be empty, because it may be necessary to change to another anesthetic before completion of the operation.

Silence must be preserved in the operating room; noise makes the patient restless and wakeful.

Tie the hands and feet.

I am not certain, but perhaps the method cannot be used with morphine habitues on account of their tolerance of that drug.

The effects noted are: Some excitement after the first tablet, later a dilated pupil, and after the second tablet the pupils are midway between dilatation and contraction. Deep sleep supervenes, often with loud snoring. Occasionally patients talk throughout the operation but there is no pain, and although they can be aroused, the anesthesia or analgesia will last several hours. The respirations may drop to twelve, ten, eight and even six a minute, without harm, provided they are regular and the face presents a good, bright, red appearance.

The discoverers of this method of producing anesthesia caution that if it becomes necessary to use other anesthetic to supplement its effect, chloroform, and not ether, should always be employed. No explanation for this is given, but it is probably on account of, and for fear of excessive kidney congestion, which morphine produces.

If the patient attempts to move during operation he should be told in a loud voice to lie still, that no one will hurt him. He will then obey.

Advantages of the method are: Entire absence of shock and freedom from pain, nausea, etc. These are valuable desiderata. A patient cannot always escape either of these conditions after other anesthetics have been used. These facts seem to prove that post-operative shock is due to the kind of anesthetic administered, and not to the operation itself.

No assistant is needed when hyoscine-morphine is the anesthetic, thus eliminating a part of the expense of operations. Thus economy is a factor.

Lastly, when we can free patients from the fear of operations by robbing the operations of their disagreeable accompaniments and harmful after-effects patients will be more willing to realize the benefits which surgery is ever ready to offer them.

Division of the Fee.—Dr. A. D. Hard has a communication in the Medical Examiner for January which tersely presents his views of the question. He says:

There are a few members of the profession occupying very exalted positions who are very badly mistaken, or else they are absolutely dishonest. When the president of the American Medical Association said, in his address at Boston last June, that "The greatest evil in the medical profession of the present day is the giving of commissions to country doctors for referring patients to specialists," he slandered the country doctor in a very contemptible manner.

The country doctor is continually brought in contact with patients who require major surgical operations to restore them to health or to avert impending death, and while he is not often the proper person to do the operation, he is called upon to make a very momentous diagnosis, carrying great responsibility, and is asked to give professional advice that calls for just as good judgment as is used by the operator who does the cutting. The surgeon specialist, backed up by a fraudulent cry of "Medical Ethics," has been putting a "I am good" look on his mercenary countenance and telling the country doctor that no part of the conduct of the case calls for any compensation except the cutting part.

In other words, the surgeon wants me to hunt around diligently among my practice, carefully coach all persons who need any surgical work, assume a large part of the responsibilities, make careful and accurate diagnoses, and send the cases at once to him with the entire fee. Now, if getting proper and just compensation for the part of the work which I have to do is "commission" or a "division of the fee," then I am right on hand here and now claim the commission and the division

If I do one-third of the work involved in conducting a case of recurrent appendicitis from the first bellyache to the last skimpy meal in the hospital, then I see no good reason why the total charge of say $150, should not be divided in accord with the equity in the case. A surgeon who cries "ethics" to bluff me, so that he can hog the whole fee and make me keep still while he is doing so, is no better than a train robber. I am getting almighty tired of being the gratuitous feeder for surgical hogs, and hope that more country doctors will muster up some nerve and present the honest, proper, side of this question to the great mass of country physicians for their consideration.

The Journal of the A. M. A. advises the country doctor to charge the patient a proper fee and then turn him over to the surgeon to charge whatever he chooses. This is a conspiracy to rob. The patient should be asked to pay a proper fee and no more. If the surgeon does all the work of diagnosis and operation, and assumes the entire responsibility of proper advice, and does the cutting, he should get the entire fee of course. But if I do one-third of the work and charge $50 for my services, the surgeon is a thief who steps in and charges $150 for his part, when he usually does not charge more than $150 for the entire job. And if the surgeon and I combine together to make a $150 job cost my patient $200 we are simply robbers dividing the swag. When I carefully diagnose and direct a case of appendicitis so that it shall come under the surgeon's care for operation at the proper time and under the proper conditions and the surgeon does nothing but confirm my diagnosis and operates, I should get one-third of the total fee and the surgeon two-thirds, no matter who collects the cash for the work. This is honest and just. and any one who differs with me and cries "thief" will bear close watching.

PRESCRIPTIONS

By J. A. Burnett, M. D.

A remedy which has been extensively advertised as a cure for the tobacco habit, and which, when used with proper mental suggestion, has produced good results, is the following: (Of course, there is nothing specific in it).

℞

Atropine .....⅛ gr.
Tr. nux vom.....½ oz.
Fld. ext. humulus.
Fld. ext. hydrastis.....aa 1 oz.
Tr. cinchona comp., q. s. ad 6 oz.

The dose is a teaspoonful every three hours.—Chicago Clinic.

ERYSIPELAS.

℞

Tinct. iodi .....ʒvi.
Olei camphorae.
Ichthyolis.....aa ʒiij.

M. S.—Apply locally two or three times daily.—Swolitcheff.

A SPECIFIC FOR ITCH AND MANY SKIN DISEASES.

The following is specific for itch and many skin diseases:

℞

Saturated solution of magnesium sulphate .....2 pints.
Dilute sulph. acid.....½ oz.

M. Sig.—Apply twice a day every two or three days.—J. A. Burnett, M. D.

SPECIFIC FOR ERYSIPELAS.

It is claimed that the following will relieve the pain immediately and actually abort erysipelas:

℞

Chloroform.
Oil of sassafras.....aa ʒiv.
Castor oil .....℥j.

M. Sig.—Apply to the parts every two or three hours.—J. A. Burnett, M. D.

A REMEDY FOR ERYSIPELAS.

It is claimed that erysipelas will not spread another hair's breadth after the following is applied:

℞

Collodion .....ʒvj.
Castor oil .....℥ij.

M. Sig.—Apply as often as needed.—J. A. Burnett, M. D.

DIGESTIVE COMPOUND AND TONIC.

The following is a very important digestive compound and a most useful remedy in chronic gastritis, and a good tonic:

℞

Powdered hydrastis.
Powdered columbo.
Powdered ginger.
Bismuth subnitrate.....aa ℥j.
Magnesium carbonate .....℥iv.

M. Sig.—Dose, one half to one teaspoonful three times a day after meals; in bad cases every three hours. When there is an excess of acid add soda bicarbonate.—J. A. Burnett, M. D.

LOCAL APPLICATION FOR BOILS.

A good local application for boils and one that is claimed will abort them if applied early enough, is:

℞

Acetanilid.
Boric acid .....aa ℥j.
Glycerin, q. s. to make a paste.

Sig.—Apply externally.—J. A. Burnett, M. D.

CHILLBLAINS.

℞

Ichthyol.
Bals. Peruv.....aa ʒiiss.
Adipis lanae .....ʒv.

M.

℞

Ol. camphor.....m. lxxv.
Mentholis .....gr. iss.
Glyc. tannin, 10 per cent..ʒiiss.
Adipis lanae .....ʒv.

M.—Merck's Archives.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THERAPEUTIC NOTES

By W. T. Marrs, M. D., Peoria Heights, Illinois.

The Recorder contains good and practical suggestions from month to month. Physicians who are successful with certain modes and methods of treatment should write out their experiences for The Recorder that others may profit thereby. We nearly all have sufficient theoretic knowledge of medicine, but many of us find ourselves short on that kind which we could utilize on the cases we daily meet. If there is really anything new to be learned upon the subject of pneumonia, croup, diphtheria, tonsilitis, bronchitis and many other seasonable diseases, now is the time for I am sure the editor would appreciate such ideas to be crystallized into words. short, "meaty" articles upon seasonable subjects. He is striving hard to produce a serviceable journal, so why not help him?

In a recent article in Medical Mirror, I referred to the numerous functional or organic conditions which produce dropsy and anascarca. It is a difficult matter for lay minds to grasp the fact that dropsy is not a disease, per se, but only a manifestation of some diseased organ or perverted function.

Nephritis stands out at the head of causative factors in dropsy. We usually find the greatest dropsical effusion in parenchymatous nephritis. Here it is in the way of a general anasarca.

In interstitial nephritis the dropsy is not marked, but there is nearly always slight oedema of the feet and ankles.

Abdominal dropsy, or ascites, is an accumulation of serum in the peritoneal cavity. The quantity of fluid may vary from a few ounces to several gallons. Ascites may be a symptom of general dropsy or may be due to circulatory disturbance caused by pressure upon the portal vein. Among these we may mention tumor, cancer, hepatic atrophy, cirrhosis, etc.

Disease of the heart is a frequent cause of ascites. Emphysema, bronchitis and mediastinal tumors may also cause it, as well as the many dyscrasias, as anaemia, hydremia, chlororis, malaria, purpura and scurvy.

Correct treatment in each case of dropsy or anasarca will depend upon the underlying cause. Food that is highly nutritious but concentrated in bulk is to be preferred. As a rule it is diet should be enjoined. Hydragogue quantity. If nephritis be present a milk better if water be taken in a limited cathartics seem to do good at times, but their benefit is mainly transitory. Anascarcin has given me the best results of any one remedy I have used. It contains oxydendron, sambucus and urginea scilla compound, all of which are excellent vascular correctives. The patient will, as a rule, require tonic and supportive treatment.

If each case of dropsy is carefully studied and treatment applied accordingly it will seldom be necessary to resort to tappings.

The Huston Brothers Company, 35-37 Randolph St., Chicago, is a large manufacturing house of surgical and electrical instruments. When you buy surgical instruments write to this firm.

CHOREA

This disease is an interesting study. The symptoms are too well known to here enumerate. The diagnosis is unmistakable. The only thing with which it might be confounded is disseminated sclerosis. In the latter the movements are fine and rhythmical and the disease occurs in adults. In chorea the tremors are fine and jerky, often grotesque, and the disease usually occurs in those from 6 to 15 years of age. Chorea seldom occurs after 20 years of age, except there be a marked hereditary taint of neurotic disorders. It is much more frequent in girls than in boys.

As to duration and prognosis the disease usually runs from six to twelve weeks, and in children eventuates in recovery in uncomplicated cases. One-third of the number of pregnant women who develop chorea die.

The causes are many and varied. As rheumatism is so often found co-existing with chorea many observers regard the former disease as a strong causative factor. Others contend that the majority of cases are dependent upon ocular defects, hypermetropia and astigmatism being considered the most common causes of reflex trouble. It is a clinical fact that there is usually a hereditary predisposition. The parents are, in most cases, of neurotic type. Overwork, excessive mental strain and anything that lowers the child's vitality are also predisposing factors. Anemia and delayed menses are among the causes frequently ascribed The irritation from worms has been known to produce this disease The immediate or exciting causes are given prominent mention in medical literature. However, I do not believe they are of much importance. The disease has to have a beginning sometime, and parents are likely to attribute the onset to fright, etc. Unless there is a condition ready to develop into the choreic state fright or shock would have very little influence in bringing it about, as nearly all children are at times subjected to things calculated to jar their nerves

Many able men have tried vainly to discover a pathology for chorea. Some have thought it due to lesions in the brain, others have located it in certain nerve centers, while still others have thought it due to inflammatory products in the endometrium The concensus of opinion is that chorea is a neurosis, producing marked functional disturbances for which an anatomical basis has not been discovered. At the present time it seems impossible to more than assume the existence of a nutritive disorder of the brain. We can only think of it being a functional disorder dependent upon a faulty metabolism.

In the treatment of chorea a number of remedies have been used with varying success. Among these we may mention iron, arsenic, sulphate of zinc, strychnine, gelsemium and caulophyllum. The writer has had the best results from arsenauro. It should be given in increased dosage until the point of tolerance is reached. The dose should then be gradually diminished. The patient should be given the medicinal effect of the remedy for a considerable time. If worms are suspected an anthelmintic should be given. The most nutritious foods should be given and constipation avoided. The child should be kept quiet and under kind, yet firm restraint. She should have an abundance of sleep. A cup of hot milk, sipped at bedtime, helps to promote sleep. If rheumatism and cardiac symptoms complicate the case these may call for special attention. My treatment of these cases, as briefly outlined, has always been satisfactory.—W. T. Marrs, M. D., Peoria Heights, Ill., in Medical Summary.

THE MANAGEMENT OF CONVALESENCE

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc, we are face to face with the problem of restoring the weakened organism to its normal condition. The blood shows a state of secondary anemia, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that nature is grateful for the proper kind of aid in these circumstances—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite, the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered to be such as to become absorbed and assimilated with the least disturbance of the gastro-intestinal organs. The old-fashioned inorganic preparations of iron which still figure in the pharmacopoeias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years, have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as pepto-mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anemias.

A point which is frequently lost sight of in considering the treatment of anemia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lheritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (Zeitschr. f. physiol. Chemie, 1904, page 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and therefore it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (Boll. Scienc. Mediche, Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as pepto-mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and managnese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with the digestive functions. On the contrary, pepto-mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-mangan (Gude), therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

COCAIN CATAPHORESIS IN SURGERY.

D. T. Quigley, M. D., North Platte, Neb., in the Journal A. M. A., states his belief that half the operations performed could be done with his method of cocain cataphoresis and with much greater safety and less worry to both physician and patient. He states that he has used this method for removal of tumors of the breast, removal of lip for cancer, and in operations for hernia, hemorrhoids, birthmarks, moles, and epithelioma. A piece of gauze folded four times is cut the size of the part to be anesthetized and is laid on the skin, which has previously been made sterile. The gauze is then saturated with the following solution:

℞

Cocain hydrochloric .....ʒiss.
Adnephrin or adrenal solution .....ʒii.
Sterile water q. s.....℥ii.

The gauze saturated with this solution is covered with metal foil connected with the positive pole of an electric battery. The circuit may be completed by the patient holding in his hand a wet sponge electrode connected with the negative pole; or a large pad electrode may be used as the negative pole and attached by a bandage to the skin near the part to be operated on. The time required for anesthesia is from 15 to 30 minutes, and may be longer for deep effect. Quigley asserts that he has never observed any bad effects from this method and suggests that the adrenalin may cause the absorption to go on so slowly that no systemic effect is observed or it may be that the amount of cocain which penetrates the skin is too small to cause any appreciable symptoms.

As the colder weather approaches certain diseases and remedies are more on the mind of the profession. Among the remedies are cod liver oil. Hagee's cordial of the extract of cod liver oil compound, is not only one of the most popular cod liver oil preparations on the market, but one of the very best, if not, indeed, the best itself. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda it offers to the profession a reconstructive of great value. The writer has for some years prescribed it freely, and with great satisfaction.—Massachusetts Medical Journal.

Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's glycerine tonic compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

The Kremers and Urban Co., Milwaukee, Wis., makes a full line of reliable pharmaceuticals. Send for their catalogue.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X MARCH, 1907 No. 3

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 39 February Recorder)

THE CORRECTION OF OUTSTANDING EARS.

Before detailing the methods of operating for the correction of the unduly prominent or outstanding ear, it is well to call attention to the factors most frequently causing this condition, so that efforts may be encouraged at the proper time in life to prevent the development of the condition.

There is no doubt that in early childhood a headdress which turns the ear outward and forward and holds it in this position, if used continuously over a considerable time, will produce a permanent effect upon the position of the ear. The physician should always note in the children of his patrons any tendency of a headdress to hold the ears in an abnormal position, and should advise against the use of such, and in any child, where a tendency exists for the ear to project unduly, the parents should have their attention called to the condition, and be influenced, if possible, to adopt a plan of bandaging during the night to hold the ears snugly against the side of the cranium. A simple bandage devised for this purpose may be applied during the night without discomfort to the child. By tact and persuasion a child may be influenced to have no objection to the contrivance. The use of such simple means in early childhood, if persisted in, will, in very many instances correct the condition satisfactorily. After adult life is reached the possibilities of good results following this plan of treatment are greatly diminished.

Attention has been called to the greater frequency of outstanding ears in women than in men, and it has been given as an explanation, that the habit of wearing the hair long and dressed in certain fashions, is responsible for the development of the condition. Parents should be warned of this and should not allow a plan of dressing the hair of their children, which is likely to press the ear outward.

The surgeon often finds a woman consulting him for professional advice regarding the treatment of some facial imperfection, and it is noted that the appearance of the woman may be improved if she adopts a different plan of dressing the hair, but upon examination it is found that the ears are unduly prominent and that this is the reason

for which the woman persists in dressing the hair low. In such a case a woman often eagerly grasps the opportunity of securing relief for the outstanding ears, and the improvement in the appearance following the change in the manner of dressing the hair may be more than could be secured by correcting any other imperfection.

The normal angle of the ear to the head varies from ten to forty degrees, and an organ which exceeds this angle to any appreciable extent is usually conspicuous as an outstanding ear unless it be quite small.

Sometimes the small ear which appears very unsatisfactory, will be greatly improved by an altered position.

THE ANATOMY OF THE EXTERNAL EAR.

The pinna or auricle is made up of a framework of yellow elastic cartilage which is covered with integument. The organ in the human family is of slight functional importance, hearing being almost imperceptibly altered by its loss. Its size, outline or development, if faulty, go far toward marring the good appearance so that frequently the surgeon interested in cosmetic surgery finds opportunity for alteration and improvement of faulty ears.

The free margin of the pinna curves forward and inward and is known as the helix. Situated near the height of this curve of the helix frequently a projecting tubercle is noticed which is known as the "Darwinian tubercle" and which is said to be the analogue of the pointed tip noted in the quadruped.

Internal to the helix we find a groove known as the fossa of the helix and internal to this parallel to the helix is the eminence known as the antihelix. The antihelix above divides into two portions which include between them the fossa of the antihelix. The antihelix curves about a large concavity known as the concha, which leads into the external auditory meatus.

The anterior wall of the external auditory canal is continued outward as a rather prominent projection known as the tragus, and opposite the tragus is a less marked projection known as the antitragus. Between these two points is an interval called the incisura intertragus.

The ear below terminates as a soft pendant mass varying in shape and degree of development, known as the lobule. It is made up of adipose and fibro-areolar tissue and contains no cartilage. The lobule varies in shape and size and while making up a small portion of the ear it plays an important part in influencing the impression as to the beauty or lack of beauty of the organ. The lobule should be well formed and should not be attached along its inner margin to the side of the head.

There is only a small amount of subcutaneous tissue intervening between the integument and the cartilage of the ear and this tissue is practically devoid of fat.

The blood supply of the pinna is good, the blood reaching the organ through the superficial temporal, the occiptal and posterior auricular arteries.

This very brief consideration of the anatomy of the ear should be kept in the mind by the surgeon so that he may recognize variations of the external ear from the normal, and may be able to decide as to the extent any variation from the normal alters the appearance of the organ.

OPERATIONS FOR CORRECTING OUTSTANDING EARS.

The operations for the correction of outstanding ears are performed with the aid of infiltration anesthesia. The anesthetic agent is injected along the line of juncture of the ear with the cranium posteriorly. The tissues are infiltrated and divided along this line, and the skin is dissected off somewhat from the side of the head and from the posterior surface of the concha of the ear. The simplest operation does not

FIGURE 1

Figure 1. Outstanding ears.

FIGURE 2

FIGURE 3

Figures 2 and 3. Cartilages of the ear and their normal relation to the cranium.

FIGURE 4

Figure 4. Illustrating line of incision in operation for outstanding ear. Frequently a much wider strip of skin is excised than in this case.

FIGURE 5

Figure 5. Large area denuded of skin in operation for outstanding ears. By merely suturing the skin edges, the ear is held close against the side of the head. No buried sutures are applied in this case.

FIGURE 6

Figure 6. When a small segment of skin is removed posterior to the ear and the ear is to be held with buried sutures close against the side of the cranium the loose cellular tissue posteriorly must be dissected away so that the cartilage of the ear may be sutured to the pericranium.

FIGURE 7

Figure 7. Illustrating the operation of exposing and removing a segment of cartilage. Operation completed by closing interval in skin.

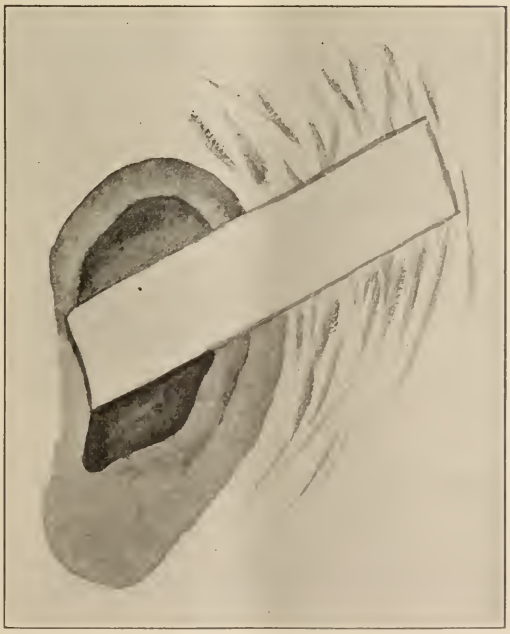


FIGURE 8

Figure 8. Manner of applying strip to hold ear closely against side of head during healing process.

include the division or removal of any of the cartilage.

The ear may be drawn into the position it should occupy, and with a fine curved needle and chromitized catgut the concha is sutured to the soft parts of the side of the cranium. By such a step the ear is drawn closer to the skull and held in a correct position. The operator may prefer to draw the ear as close as possible to the side of the head without putting undue tension on the sutures. In this way, some return of the ear to the previous position does not again leave it unduly prominent. If the stitches are drawn too tightly they may cut their way through before the ear has become fixed in its new position.

The superficial parts are sutured carefully so that the least possible amount of scarring follows the operation and then the parts are sealed with collodion.

The hair should be dressed away from the ears, in women, after the operation, and wherever possible the patient should wear a bandage which holds the ears close to the head until healing is complete. If the patient is unwilling to stay indoors and wear a bandage continuously during the first few days, they should at least do so when in the privacy of their own apartments. The bandage is dispensed with in from three to six days.

A second plan of operation has been described in which an elliptical piece of skin is removed from the posterior portion of the ear and from the side of the cranium. The ear is now held in its corrected position by closely suturing the skin margins. The effect of this operation is the same as where the chromitized gut suture is applied as in the previous operation, but the strain of holding the ear in the corrected position is thrown upon the skin sutures, and the bandage which in this operation must be used after the operation. The disadvantage of throwing the strain of holding the ear in the corrected position upon the skin sutures lies in the tendency of sutures to cut through the tissues when a strain or constant tension is placed upon them, so that there is a chance of the sutures cutting through and some separation of the skin margins occurring so that considerable more scarring may follow this operation than the one previously described. The scar is hidden behind the ear, but nevertheless, where such can be avoided, it is well to do so.

Where the ear resists correction and sutures holding the ear in the corrected position are drawn upon unduly, it is well to divide the cartilages of the ear more or less with a tenatome or scalpel, through the incision behind the ear so as to overcome its resistance before completing the operation. The extent of division of the cartilages and the direction of the division varies in each individual case and the judgment of the operator must be used as a guide as to the extent and direction of the division.

Operators have also insisted that it was a valuable and important step in these cases after exposing the posterior surface of the ear and the side of the skull to remove all loose cellular tissue before suturing. The sutures are then placed through the cartilage of the ear and the fibrous tissue covering the bones of the skull.

Some further recommend that the cartilage of the ear be attacked and that a wedge shaped portion of this part be removed. In extreme cases such a plan may be advisable, the ear being then drawn into its corrected position without difficulty, and easily held so by sutures.

Where the ear is undermined and is thoroughly loosened from behind, my own experience has been that it may be held against the side of the cranium by sutures, even if the cellular tissue is undisturbed and no section of the cartilage made.

In removing a wedge of cartilage considerable care is necessary as the skin is very closely adherent to the cartilage anteriorly and it may be divided in removing the wedge. This will be an accident of no great moment, but it should be avoided as it subjects the patient to the possibility of having a visible scar remain.

When the wedge of cartilage is removed from the ear in some instances it may be only necessary to suture the margins of the divided cartilage together and then to close the skin incision, while in others it is well to suture the margins of the divided cartilage together before suturing to the side of the cranium, as otherwise the ear may present an irregular, unnatural appearance.

(To be Continued.)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D.,
72 Madison St., Chicago, Ill.

(Continued from Page 45 February Recorder)

THE HOSPITAL.

Satisfactory arrangements having been made between the surgeon and his country correspondent, a period of prosperity suddenly struck the country which gave men who were formally glad to make an honest $100.00 fee a chance to spring a $5000.00 fee upon the careless patient who was not quite wise enough to make arrangements before hand. The difficulty or character of the operation made no difference as the only question was whether the patient had the money and could be touched, without making too much noise about it. The combination was usually so strong that there was no difficulty in getting a court to see the justice of the case.

It was about this time that the scheming part of the public discovered that the medical profession was "flush," and begun to load them up with "fake mining stocks," and got them to back "wire tapping" schemes, and in other ways helped them to exchange their hard earned dollars for bright green stock certificates. I have one friend who enjoyed this phenomenal prosperity for several years and has accumulated enough of these bright green stocks to paper the walls of a good sized room. In fact so much money came into the hands of the combination that their cephalic circumference was increased by several inches, which made them decide that they were a wonderful lot of men, and were entitled to a pedestal in the hall of fame, and after the material wants of themselves and the petty hoards of grafters who preyed upon them had become satisfied, they came to the conclusion that to obtain immortality it would be necessary to append their name to some procedure that would remain after they had passed away, so they scanned the literature for inspiration and especially the foreign field, when one discovered the wonderful fact, that the old surgeons had been in the habit of placing abdominal stitches from right to left and how easy it would be to reverse the stitches and have them known as Prof. Smart's abdominal stitch. He also discovered, after he had done a few operations and used this stitch, that it decreased the mortality rate over fifty per cent, which certainly must be due to the stitch. This was an incentive to many who were thirsting for fame, and as it seemed easy, the whole mob started to experiment in different ways to place sutures, so that at the present time a physician is considered to have a liberal education if he can name the kinds of different stitches used in surgery, with their authors names. Of course where several hundred aspirants for fame are working overtime, the matter is likely to be overdone and become stale, and besides there was no use in devising anything new when

there was no one but yourself to dilate upon its merits, so it was seen by the wisest ones that it would be necessary to impress themselves upon the literature of the age, and they must be recognized by other writers, and moreover if they wished to be recognized they must give due attention to such things as the other fellow thought he had discovered, so that we had a new institution grafted upon the medical thought, namely "The Medical Mutual Admiration Society; in other words, you must push my scheme and I will do my best to push yours. In order to carry this out successfully some means must be taken to get the specialists together in a society free from rank criticism from the hard headed practitioner, so each specialist organized some "Ological" society where they could meet and read their papers upon their alleged discoveries and tickle each other's vanity, away from the plebian crowd. This helped immensely, as the work of each one suggested to the other a possible source of ideas, and certain fantastic experiments which nature never intended to be done, were carried out upon animals that would shame the managers of the Spanish inquisition. I can barely touch upon this theme, as experiments were made and cruelties practiced that would cause a wave of horror to pass over this country if the facts were known. Magendie was an angel above, compared with some of the devilish and ingenious experiments that were carried out while these fellows were becoming specialists. I regret exceedingly that I am unable to mention many of the classical pieces of absurdity in this line, owing to the fact that the authors published their work, and their names would be easily recognized. A canvas of the literature of the last fourteen years will reveal a small insight of the kind, and character of their work. I can mention a few, however, that were not published, which will show the ingenious ways devised to cause torture in order that immortality might be obtained by the author. One "would be scientist" dropped one hundred dogs from a roof four stories high, upon stone, lumber, and other debris, in order to study the effect of injuries of the spine, and the nature of fractures that would be produced. Nearly two hundred dogs were maimed by crushing injuries while another was studying the phenomena of shock, while another endeavored to see how much lung he could amputate and have the animal live. Another brilliant man first knocked all the teeth from the animal with a hammer, in order to prevent the dog from biting him, and so on ad nauseam. It is upon a foundation of this character that many reputations have been made, cruel, heartless experiments upon dumb animals.

The question might easily be asked at this stage, if men who could be guilty of such cruelties, would be expected to have a proper perspective of human life. If you knew that a man could, or would do a thing of this character, would you trust one dear to you in his hands, and especially in such an impersonal place as a hospital where a patient is no longer human, but simply a "case"?

From the discovery of new ways to place stitches was only a short step to mechanical means of intestinal sutures, and while thousands were at work upon this subject, only a few made good, by devising some really valuable means to accomplish this difficult task, while others attempted to splice nerves and blood vessels with more or less success; but each and every one doing his best to make his name stick to some procedure that the profession would adopt. Of course it was to be expected that two or more people would receive the same idea at about the same time, frequently throwing the "admiration society" into unseemly strife, which could only be settled by some iconoclast calling attention to the fact that Hip-

pocrates had recommended the same remedy for insomnia. The struggle for immortality has always been a strenuous undertaking, and it proved so in medicine. Just about the time when you thought you had discovered something that would make you famous, some one would call attention to the fact that some foreigner had anticipated you by about seventy-five years, so that it was no longer safe to announce a discovery before looking over the foreign literature, and as many could not read the various languages it was necessary to find some one that could. It seems that there is a class of people in all large communities, called "book worms," that can be found any day in the large metropolitan libraries. They are poor but eminently respectable. These book worms were given the task of canvassing the foreign literature for ideas upon a certain subject, and to make typewritten extracts of all facts pertaining to this subject, and in return the medical man undertook to see that they had a real diet of sirloin steak and German fried potatoes. This was one of the most wonderful and far-reaching discoveries in medicine, as it lets the doctor talk learnedly and long about what Prof. Brunorwasser, and Dunderwetter have done in a particular field, and moreover allows the writer to avoid the pitfalls of overlooking other people's work. After this combination was in good working order, our journal literature begun to teem with German names, which were handled with all the abandon of a personal acquaintance, and the author talked learnedly about Rhomberg's symptom and the Brunorwasser reaction, until the physician who had failed to follow the new development was a back number.

Our medical friends also discovered that among these book worms were many who had a real talent for writing, but no original ideas, so what could be more delightful than to give them a subject, furnish them with the results of a series of experiments upon animals, and turn them loose with paper, pen and ink. Many a classical paper has been turned out by this combination, which just bristles with quotations from the Greek, Latin and German, some of which were of the greatest value to the profession at large. This combination rapidly made fame for the medical man, and everything was satisfactory, then why not write a text book and impress your name more favorably upon the rising generation of medical men. The "worm" was equal to the task, and new books begun to appear in great numbers, some with great merit, as it must be understood that the men who wrote them were probably the best educated men in the world, as they had never done anything but attend college in winter, and spent their summers in the various libraries. Of course it goes without saying that the medical man was compelled to do an immense amount of labor upon these books himself, as only a few of these people had a medical education; but the real drudgery, the looking up of facts and their proper arrangement, the co-relation of ideas, the vocabulary and construction were all done by the "worm." I know of two works where the author's part in its production consisted in the arduous labor of signing his name to the completed work.

Having exhausted the subject of stitches and mechanical appliances for uniting the intestine, it was thought that the invention of different instruments might offer a possible means of handing down a name to posterity, so a new crop of specially designed instruments with the designer's name attached were thrown on the market, some of great merit, but many of limited usefulness, but all serving their purpose of giving publicity to their inventors, and cash to their makers. This seemed to exhaust the possibilities along this line, so the attention was turned toward disease. Fortunately Emmett discovever about this time that many of our

women were running around that would be much improved with a few stitches in their perineum, so that much practice in technic and procedure was gained while the female population was being restored to health. Then Tait rediscovered that the ovaries and tubes were a source of ill-health, and moreover that they could be removed with perfect safety to the patient, and that under ordinary conditions the only result would be a decrease in the population. In fact the operation was so simple that it was seized with avidity, and any woman who could be coaxed, frightened or coddled into an operation was landed in the hospital and "trimmed." The epidemic of ovaritis and salpingitis was even greater than the well known cholera epidemic in 1840. Only such women escaped who crossed their fingers when a sawbones hove in sight and maintained that they were already a member of the club. New discoveries followed each other from day to day, that all the way from epilepsy to eye strain was caused by the ovaries and tubes and it is hard to tell where the population would have ended if some bright genius had not discovered that the uterus could be removed without much more trouble than the ovaries. This was a godsend to our embryonic surgeons as they could begin all over again and use the same patients who were far from satisfied by the first operation, and still complained of the same trouble, or something just as bad. They were offered the choice of hysterectomy or a life of suffering. As usual, the former won, and they went back for the second operation. The mortality, however, was rather high, and many died from hemorrhage caused by the ligatures slipping so that it never became quite as popular as the minor operation. The next discovery was the fact that the uterus did not seem to be where the surgeon seemed to think it ought to be, but being very obstreperous it was necessary to devise some means to make it stay where the operator thought it ought to be, so a series of operations was carried out to keep it in place by the different surgeons in order to ascertain its value, and in a few years another operation was necessary to undo the former operation and relieve the patient from an intolerable condition. At this time appendicitis was discovered, and the real "furor operendi" struck the profession. It was a real discovery and fortunately was an easy operation, so that every doctor was on a still hunt for an offending appendix. They were found by the thousands and it seemed that the fortune of every doctor was assured. If a patient had a pain in the abdomen immediately appendicitis was suspected, and the diagnosis confirmed by the surgeon, and an operation advised under the theory that it was dangerous to wait, and no harm would be done if the patient lost the offending organ. This was a far-reaching discovery as it brought the male biped under the surgeon's influence as well as his gentler companion, and as is well known, this individual will give up handsomely where he is in chancery. This discovery set the profession wild; even the general practitioner caught the fever and every case that came to his hands was canvassed as a possible surgical case. New operators sprung up like frogs after a rain; everybody was operating for appendicitis. The daily press was duly worked and the public educated so that any one was frightened at the slightest pain in the abdomen. Articles and books begun to appear upon the subject, and it seemed that it was likely to make many fortunes as well as reputations. Following this they discovered surgical gallstones, and another impetus was given to the surgical mania, until it seemed that surgery would take all diseases away from the physician. The medical journals caught the fever and their columns were monopolized by the surgical writer, to

the exclusion of anything medical. If some bold writer dared to write on a medical topic he was laughed out of court and his arrangements and treatment ridiculed until he was glad to escape with his life. Occasionally some timid soul would voice a feeble protest against the prevailing methods and council conservatism, only to draw upon his devoted head a storm of ridicule from the big guns in the surgical world. The surgeon stepped in and assumed to teach the general practitioner how to think, and of course he must look for cases to feed the hungry maw of the surgical machine; if not they would educate the public to believe that he was a fool if he didn't fall in line.

In the meantime, during a breathing spell, the cold fact forced itself upon the attention of many operators, that the majority of their patients were in a worse condition after the operation then they had been before, especially among the gentler sex; that pain, neurosis and tenderness were quite common after some of the fixing operations. Then the discovery was made that the uterus could be removed from the vagina with as little trouble as a cyst from the skin. This was offered the poor victim as a certain relief, and again the surgical mill begun to grind, making the third or fourth operation these poor people had to submit to, trying to regain their health. About this time we notice the growth of Christian Science, and it is no exaggeration to say that every member of this sect is a direct living protest against medical and surgical incompetency. Not that every member of this church has had an operation, but have found that the only remedy the profession has to offer them was an operation, and as many had seen the result of this operating among other members of their families or their intimate friends, they seized what comfort this cult afforded rather than become a victim of this surgical mania.

By this time we had about twenty methods of doing each operation and of course each method had a would be surgeon's name attached to it. In order to try them all, and talk learnedly about the matter it was necessary to do at least one hundred operations, so that the demand for clinical cases increased, in order that enough cases could be had to try these numerous methods. So our flush surgeons began to do down into their pockets and establish dispensaries which were put in charge of assistants with instructions to get as many clinical cases as possible, and by this means kept their operating rooms crowded all the time. Was the patient's interest considered? Well, hardly, as one incident out of a great number will go to prove. One of our "coming" surgeons succeeded in getting the attendance of one of the visiting medical societies to his clinics, and as he had devised a new method of removing the uterus through the vagina he was anxious to demonstrate it before his colleagues. He called up his assistant at the dispensary and asked what he had in the operating line. He received in reply that a trachelorraphy and a urethral caruncle were ready. He was instructed to send them in and he operated that day; but not for the trouble they were sent in for, but did a vaginal hysterectomy upon them to illustrate his method of operating.

I have both patients now, the lives of both ruined, one deserted by her husband, and the other prevented from marrying the man of her choice. But what of it; the surgeon has gotten to the top, and a few country physicians had the privilege of seeing a "coming man" demonstrate his method of operating. I have stood for twelve years between this man and his patient, but it would not surprise me if at any time she would assassinate him before she is removed from this world of suffering. I could multiply instances of this character by the hundreds which have

passed before my own eyes, and how many thousands have occurred of which I never have heard, and still it is this class of men who presume to dictate what the profession shall do or think.

Note.—Numerous letters received take me to task for writing about local conditions, the writers assuming that the articles may reflect upon the medical profession in other cities. For general information I will state that these articles are written after two years of careful and painstaking investigation, in which the services of professional investigators were used.

We have had our spies in many of the largest institutions; have even had them in many undertaking shops, and the majority of the work has been most carefully verified before being published. Before a paper was printed a synopsis of the whole series was sent to twenty-seven of the largest cities, to three prominent physicians with instructions to investigate and O. K. such conditions as they found existed in their own community. Reports from forty-two of them indicate that the conditions are nearly identical in large cities all over the country.

I will appreciate letters from readers calling attention to abuses that have come within their own knowledge. When I get through with the series everybody is at liberty to abuse me as much as they wish, even if the vocabulary used is peculiar. Please remember that my sole object is to make the individual physician think. Those interested, especially, will find a series of editorials upon the same subject by Dr. George Palmer, of Springfield, Ill., in The Chicago Clinic and Pure Water Journal, the result of independent investigation. They are rich! Read them!

(To be Continued.)

Character is centrality, the impossibility of being overthrown.—Emerson.

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

BRONCHITIS.

In a resume in last month's Recorder we dealt briefly with broncho-alveolitis or an inflammatory condition of the bronchioles and alveoli. This month we shall consider in a cursory way an inflammatory condition which involves the mucous membrane of the larger bronchi.

This malady arises primarily as the result of a sudden change in temperature from warm to cold. The throwing off bed clothing at night and the transfer of children from heated rooms into the open air with insufficient clothing, are also prolific causes. Dentition is also said to be a causative factor, however, the writer believes the cough of dentition to be purely a nervous affection.

Bronchitis occurs, secondarily, to nearly all the infectious diseases as measles, whooping cough, etc. Bronchial affections are very frequent in young children and are apt to assume a grave form if neglected, because of the small calibre of the tubes, the imperfect muscular and osseous development of the chest, the tendency of the bronchial tubes to become blocked with secretions and the proneness to pulmonary collapse.

The symptoms are much the same as those in the adult, but in many cases much more severe. The temperature is higher, the respirations are more rapid, the movements of the alae nasi and the increased frequency of the pulse rate are marked. Cough is more variable than in the adult. It may be constant and severe or absent, especially in the worst cases. The sputum is generally swallowed. Diarrhoea is common. When bronchitis extends to the finer tubes the symptoms become intensified and if unchecked will terminate in

broncho-alveolitis as mentioned in last month's paper. The physical signs are those of bronchial catarrh. Signs of emphysema are not infrequent.

The prognosis of acute bronchitis in children depends on the age of the patient, the height of temperature, the extent of the tubes involved and also upon the cause. If the affection is secondary to the infectious diseases the prognosis is less favorable than in a primary bronchitis.

Chronic bronchitis does not present any characteristics in children, being somewhat rare. It is, however, found in connection with chronic cardiac diseases, tuberculosis, hereditary syphilis, rickets, general mal-nutrition and as a consequence of the acute affection.

The best treatment of the chronic variety in children is a change of climate and the adoption of a tonic regimen. Acute bronchitis in older children should be treated on general principles. The sick room should be one easily ventilated without a draft. The temperature should be kept at 70° to 72° F., night and day. During the first stage of the disease the room should be kept full of escaping steam and the patient given several doses of emetine 1-67 gr., as needed. It is well, where circumstances will admit, to move the patient to another room once or twice a day so that the windows may be opened and the room thoroughly aired. Care must be taken that the room be brought back to its former temperature before the patient is returned. The moist stage should receive stimulating expectorants as arom. spt. ammonia, chlorid ammonium, etc., with other remedies as indicated. The stage of convalescence calls for tonics. The child should receive regular nourishment of a liquid nature. If the child is bottle fed, the mixture should be diluted to allow for the more feeble digestion of the patient. Give water frequently between feedings. The child's position should be frequently changed in order that the secretions which are constantly forming do not gravitate to one part of the lung and in that way set up a broncho-pneumonia. The emunctories should be watched and kept active. Older children should be kept in bed until the brunt of the trouble is over. External applications of various kinds have been recommended. Camphorated oil, turpentine and mustard pastes are the usual forms of counter-irritation. See your little patients once or twice a day, study indications as they arise and treat them.

(To be Continued)

REST

By Edward C. Rothrock, M. D. Palestine, Texas.

Rest is essential for mind and body, in health and in disease. The necessity for a certain amount of bodily rest and mental relaxation as a prophylactic agent and a promoter of health is so well understood that it is hardly necessary to insist upon it. If our bodies and minds were required to work incessantly they would soon wear out. Rest after exercise is a luxury as much as exercise after rest. It is imperative and should be enforced more than it is in abnormal and diseased conditions of the body. In disease of the brain, mental disorders, fevers, nervous troubles and a host of other difficulties too numerous to name, bodily and functional rest will do more towards a recovery and is often of more benefit than medicine. Therefore, in some diseases, as dyspepsia, functional rest should be had, as to diet, drink, etc.; in trouble of the voice, throat or lungs, rest plays an important part in the treatment—rest the voice. In diseases of the eye and ear, rest again comes in as an important factor in the cure—rest from light, dust, wind and use of the organ in the first and loud sounds, cold air and any other cause that would produce an in-

jury in the last. In diseases of women it is nearly impossible to produce a cure, in fact remedies are of very little benefit without rest. We insist upon rest, bodily and functional rest. Again, in diseases of children, rest should be insisted upon. In croup, fevers, disease of intestines, and in convulsions, the child must have rest, must be kept quiet as possible, and if not, then the medical treatment will in a majority of ceses, prove unsuccessful. Recreation or change of employment, mental and physical, is also rest in one form. The kind of relaxation required may be very different. The student may find recreation in a change of reading, in games or in a walk. The wearied mechanic, after a hard day's toil, is often refreshed by the culture of his garden, or a visit to some place of amusement. Persons of ease and leisure require a change in their pastimes. The confirmed invalid, persons recovering from sickness and those who are debilitated, etc., are frequently benefited, if not cured, by a change of scenery and surroundings when medicine was more than useless. The influences of light, heat, sound, physical and mental exertions, exhaust the vitality or stimulating powers natural to the system in health, and if these be continued to a certain extent without proper rest, disease will ensue.

To renew, therefore, the functions of the mind, recruit the vital powers and promote the prolongation of life, rest or sleep should be regular, sound and refreshing. Sleep of this kind will diminish the action of the heart, the circulation is slower, the respiration is less hurried, the heat of the surface of the body is reduced, rendering the individual more liable to the influence of cold and unhealthy vicissitudes of the atmosphere, especially when not protected by covering, the organic functions not being as active as when awake. Hence, the danger of sleeping immediately after a meal, the food not being digested acts as an irritant, the nerves of the stomach being deranged, through them the brain and nervous centers; hence appoplexy being frequently caused in this condition. In a sound, healthy sleep, the mind becomes unconscious of external objects; emotions, thoughts and all its various passions are hushed; a state of torpor—the person does not dream and the period occupied in this condition is, as it were, blotted out of existence. Night is the proper time for sleep. Those who live active and temperate lives, as night approaches, the pulse increases in frequency, a sensation of languor gradually creeps over the functions of the body; the energies of the system are fatigued, requiring rest and reparation only to be had in sleep. That night is the proper time for sleep is proved from the fact of its being selected from a natural demand. Those who turn night into day, do so at the expense of health. Persons who lie half the day in bed and sit up to a late hour at night to study, become effeminate, enervated, losing that health and activity of the vital energies which render life of value. When the night is spent in gambling, sensuality, intoxication or other excesses, the effect upon the health is deplorable and destructive to body and soul. Persons thus engaged in such immoral practices and in disobedience to nature's laws, soon lose their natural color and have a pallid, unhealthy appearance; the eyes lose their brilliancy, injured by the unnatural hours and artificial light. The constitution gives away and is more susceptible to disease. If such deleterious habits are continued in process of time the person will meet with decay of vital powers and early death.

What you can do or dream you can begin. Boldness has genius, power, and magic in it.—Goethe.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

TREATMENT OF RHINITIS

Rhinitis is an inflammation of the nose, especially of nasal mucous membranes. It is commonly called a cold and is very closely related to the grippe.

In the February, 1906, Eclectic Medical Journal, Dr. Stephens reports good results with the local use of echinacea. He used a ten to fifty per cent solution wth an atomizer every three hours. Echinacea is a drug which has a wide range of usefulness and its local use in the treatment of rhinitis is new use for it. There are many other drugs which have been used locally in the treatment of rhinitis, but no doubt echinacea is the best.

A good internal remedy is as follows:

℞

Specific bryonia .....gtts. v.
Specific gelsemium....gtts. xx.
Aqua .....℥iv.

M. Sig.—Dose, a teaspoonful every hour. The patient should have a hot bath in which one tablespoonful of magnesium sulphate has been dissolved in each pint of water used. This bath will open up the pores of the skin and equalize the circulation, which, if necessary, can be kept equalized with hot lemonade or cactus.

Dr. Burgess claims that the Epsom salt bath will cure a cold before a patient can put his clothes on, but I rather think it an extravagant claim. That would really beat a "magnetic healer." Most of these quick, "sure cures" fail when I try them and I find by experience not to believe all that I read.

J. A. Burnett, M. D.
Dean Spring, Arkansas.

PNEUMONIA

I have been asked by several physicians to give my experience with pneumonia. I will say that I have in my time treated the worst forms of pneumonia in northern New England and around the lakes in Michigan and Ohio. The books give different forms of the disease that are only confusing to the young physician and of no practical value. Under the old name of "lung fever," the physicians were not half as afraid of the disease as under the newer name of pneumonia. The majority of doctors fear this disease; they carry this "fear thought" into the sick room, forgetting the fact that thoughts are things and that our thoughts affect our patients. A doctor or anyone else with "fear thoughts" has no business in a sick room. A doctor to be successful must believe in himself first of all and, secondly, in his remedies. If he don't he will only make business for the undertakers and is better off out of the profession. I often read in the medical journals that certain doctors claim to have practiced several years and not lost a case of pneumonia. Some "smart aleck" will exclaim then, "if he says he never lost a case of that disease he is a liar." How easy it is when we can't cure a certain disease ourselves to write a man who can, a liar.

When I was a student of medicine, in '67, the eclectic text books claimed a mortality of only two per cent in pneumonia. My own experience has confirmed the truth of this statement. I have had old gray-headed men who had grown old in their profession and whose word was as good as a bond, tell me they never lost a case of pneumonia.

A doctor told me one time that he never lost a case of a certain disease. I did not think him a liar just because I had never cured a case myself. Above all let us be broad minded men; let us accept the truth wherever we meet it. I have nearly reached the age—sixty years—when a doctor should be "Oslerized," but I have learned this one lesson and that is "that all things are possible in medicine."

When I am called to a case of pneumonia, if in the first stage with full, bounding pulse, high fever, pain in the lungs, and difficulty in breathing, I give

℞ Tr. aconite rad. .....gtts. x.
Tr. veratrum .....gtts. xx.
F. ext. asclepias tub
Aqua .....℥v.

Mix. Sig.—Teaspoonful once an hour. If it causes sickness to the stomach the patient is getting the physiological effect of the veratrum and you must give the mixture less often; say once in two hours.

Just as soon as there is a chill with pain in the lungs and difficulty of breathing, slice raw onions quite thin, place them in a muslin bag large enough to cover the chest, warm the bag over a hot stove until heated through, then apply over the chest next to the skin. Two bags should be made so as to have two poultices and change them every hour or so as soon as they lose their heat.

This poultice will always relieve the pain and difficulty of breathing. If it is used as directed it can be depended on not only in pneumonia but in congestion of the lungs and croup or sudden colds in young children.

Onions have a very sensitive organism. They are a powerful absorbent to all morbid matter that they come in contact with. In the northern part of England during the cholera epidemic it puzzled the sanitary inspectors why one house in a row of infected houses escaped infection. At last some one noticed a net of onions hanging in the fortunate house, which upon examination proved to have become diseased.

Care should be taken never to eat an onion that shows symptoms of decay, for no one can tell what may have caused the decay. An onion boiled or roasted eaten before bedtime will keep the stomach sweet and clean and give a good night's sleep.

As I am writing this article a letter lies on my table from a lady in Boston who had pneumonia and used the above onion poultice and cured herself after her family doctor had diagnosed her case pneumonia, charged her five dollars for the visit and left her some medicine that did her no good. He told her "We don't use warm applications over the chest; that day has gone by." The lady writes me that an old uncle of her husband practiced fifty years in Connecticut and never lost a case of pneumonia, and he used the onion as directed above.

If I find the heart inclined to be weak I give sulphate strychnia, 1-40 gr., one granule once an hour for three hours, then once in three hours. If it is in the second stage, instead of the above formula I give kali mur., chloride potassi, third decimal,, about fifteen grains in glassful of water—give teaspoonful once in an hour, just as long as there is any elevation of temperature. The potassium chloride is a thermal sedative. When the tongue gets moist, pulse soft, skin feels nearly normal, then come in with the quinine, two grains with one teaspoonful of good whiskey and two teaspoonfuls of water once in three hours.

When the heart responds to the action of the strychnine you can drop that, for your quinine mixture will be tonic enough for the patient. The onions should be kept on as long as there is any pain or difficulty of breathing. I never bother the patient with physic; usually the bowels operate when nature needs an operation. Many pneumonia

patients have been physicked out of the world, or else drugged with morphine until they wake up in Heaven. The above treatment is for adults, but for children we must regulate the dose according to age. In typhoid pneumonia I give the quinine and whiskey as above, and the tr. echinacea, ten drops in alteration with the kali mur (chloride potassi). In cases where patients strongly object to the smell of the onions, spread some lard on a white muslin cloth, big enough to cover the chest, and sprinkle over the cloth some compound powder of lobelia; change it once in three hours—but not for myself. I prefer the onions—you will get quicker results.

ELI G. JONES, M. D.
New Brunswick, New Jersey.

HYOSCINE MORPHINE AND CACTIN

In connection with the editorial on this subject in the Recorder for February, the following observations based on the experience of a general practician may be of interest.

This remarkable combination as a general anesthetic has been quite thoroughly worked out from the standpoint of surgery and obstetrics. Used alone or in combination with chloroform, its value in major surgery and accident cases has been positively proven. While the above facts are of interest to the general practician, the point that really concerns him is the particular field, covered by this combination in general practice. To him the relieving of painful conditions safely, quickly and pleasantly is of the utmost importance.

There are certain serious objections to the general employment of morphine, namely; it locks the secretions, often produces nausea and vomiting, and is a habit-forming drug of the worst kind. The combination of chemically pure hyoscine from hyoscyamus and morphine does not preceptibly lock the secretions, very seldom produces the slightest nausea, and its habit-forming possibilities are practically nil .

Hyoscine, morphine and cactin compound may be used for the relief of every kind of pain, and therefore should supplant morphine, or morphine and atropine in the every-day work of the general practician. A fact of the greatest importance to remember is that morphine in this combination gives anodyne effects two, three or more times as great as the same amount of morphine alone—also that the full effect of this combination, while at times not so quickly manifested as that of morphine alone yet is more lasting.

Unless an operation is to be performed, or an accident case treated, never give more than a half a standard tablet (or one half-strength tablet) at one time but this may be repeated every half to one hour until the desired effect has been secured. In very painful conditions, such as gallstone—or renal-colic, if the doctor is aware of the amount of morphine the patient will bear, and desire to give ¼ to ½ gr. at once, but does not know the patient's resistance to hyoscine, he might well give one, half-strength tablet, reinforced with ⅛ or ¼ or morphine. Usually, however, one standard tablet will be O. K. as the initial dose and fully sufficient even in cases that have before required ½ to 1 grain or even more to produce relief. The excess action of this remarkable combination must be borne in mind at all times. Painful conditions requiring 1 and ½ grs. of morphine alone have been relieved by the use of one standard hyoscine, morphine, cactin tablet, with ¼ gr. of morphine additional.

In obstetrical practice seldom, if ever more than one half-strength tablet need be used at one time. This to be repeated as needed, using just enough to render the parturient condition quite bearable. When pains are weak or ineffective a

10 or 15 gr. dose of quinine sulphate may be given by the mouth or by suppository. If carried to full anesthetic sleep the forceps should be applied early to avoid possible (but unusual) asphyxia from delay.

We know of no possible complication that can occur from the use of the preparation when it is handled with the same care that should be exercised in the use of any other potent remedy—using small doses at proper intervals until the desired effects are attained.

I am convinced, that a careful trial of this combination will cause any physician to add it to his armamentarium as a permanent fixture for general use in the relief of pain and spasm, to produce sleep, to secure surgical anesthesia when required and all safely, quickly and pleasantly.

E. G. Paxton, M. D.

Chicago, Ill.

SENSATIONAL TRIALS VS. PUBLIC DECENCY

To one not a lawyer, it is not altogether clear why, in the sensational murder trial which for several weeks has occupied prominent space in all our newspapers, it should have been necessary to drag out at such painstaking length all the foul details of vice and depravity of the full depth of which only few have had any conception. To the student of psychology, however, an interesting and strange picture has been presented. A man, gifted with the genius of the artist, who has created works of the loftiest and purest beauty only and must be numbered among the truly great artists of our time, is shown to have been, in his private life, a monster of degenerate depravity. The willful and premeditated spoliation of pure womanhood, the dragging down of innocent girls into the hell of a life of prostitution has always and everywhere been looked on as the blackest of crimes.

Stanford White has a historical prototype in the famous Italian sculptor, metal worker and writer of the first half of the 16th century, Benvenuto Cellini, whose works are still among the highest prized treasures of art. He was charged by his contemporaries with the grossest and most revolting immoralities, among them several homicides, which he does not even take the pains to deny in his autobiography.

Can the existence of two such opposite tendencies in the same human being, be explained? Have we not, perhaps, to deal here with a mental perversion based on actual neurosis, an example of the close relationships between genius and insanity?

But, if the interests of justice demanded that full light be thrown upon deeds and phases of life which naturally hide themselves in darkness, public decency has been severely shocked by the manner in which this unspeakable filth has been carried to the firesides and brought to the knowledge of the young. In the interest of morality it would be best if such trials could be held behind closed doors and all publicity excluded.

H. Speier, M. D.

Rochester, Minn.

Our greatest glory is not in never falling but in rising every time we fall. —Goldsmith.

Our grand business is not to see what lies dimly at a distance but to do what lies clearly at hand.—Carlyle.

After severe hemorrhage absorption is so rapid that a small dose of strychnine may produce almost toxic effects. —Therapeutic Medicine.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE PROBLEM OF ALCOHOL.

The controversy about the real value of alcohol remains as yet unsettled. There are many, among them, excellent authorities who persist in considering alcohol a food, or at least a good substitute for carbonaceous food. Their argument is briefly this: (1) Alcohol is composed of C H & O; (2) it is readily oxidized in the liver, yielding CO_2 and H_2O which are excreted; (3) it yields heat incident to its oxidation and this heat naturally augments the body income of heat; (4) ingestion of ethyl alcohol leads to a decrease in the catabolism of carbonaceous foods and may even "spare" proteins. In opposition it is argued that all vegetable toxins and alkaloids are composed of the same elements, undergo a like process of splitting up by oxidation, liberate heat, followed by a fall of temperature and also result in decrease of catabolism of carbonaceous foods. In the true meaning of the word food, alcohol can not be considered as such.

Foods, being useful and constructive, are stored up in the body, are followed by a rise in body temperature and are invariably beneficial to the healthy body. Alcohol, however, not being constructive, is excreted; its use is ordinarily followed by a fall in temperature and its regular ingestion is always deleterious to the healthy body.

Viewed from a purely biological standpoint the problem loses much of its practical difficulty. Ethyl alcohol is one of the normal products of the yeast plant, a fungus, resulting from the process of decomposition of the organized foods which the cell has consumed. It belongs to the category of excreta, that is residual matter which the organism, having extracted from it, its maximum of energy would injure the cells that formed it if retained in them and is therefore expelled by the cells immediately after its formation.

It is a universal biological axiom, as expressed by Vaughan, "that the excretions of all living things, plants and animals, contain substances which are poisonous to the organisms which excrete them. These poisons originate in the metabolic changes by which the complex organic molecule is split up into simpler compounds." Hence alcohol, as admitted now by the latest and best authorities, such as Carl Oppenheimer, is a protoplasmic poison. It is further established that the toxic excretion of any living organism will not only poison the parent organism, but will also have a toxic action on any organism of a higher order. Therefore, alcohol, the excretion of the yeast fungus, is toxic to all animals.

These theoretical deductions are amply corroborated, not only by ordinary every day experience, but also by clinical observation and experiment on the human subject. Thus the noted neurologist, Professor Kraepelin, of Heidelberg, made extended tests of the effect of varying small quantities of alcohol upon mental and intellectual capacity. He found it always diminished by alcohol, and concludes that alcohol makes more words, but less thought, and instead of being a friend is a very untrustworthy comrade. Victor Horsley, the leading British neurologist in a lecture delivered at St. James hall, London, last April, discussing the effects of alcohol upon the brain in the small doses of the moderate drinker, says: "The cumulative evidence on the subject shows that if we

are to follow the plain teachings of truth and common sense, we must be total abstainers." The effect of alcohol on digestion is quite similar. Professors Chittenden and Mendal of Yale university, arrived at this conclusion from their experiments: "Alcohol is of no value to digestion, for in nearly every instance the presence of alcohol in the stomach has retarded digestion just in proportion to the alcohol used." In a few cases where one per cent or less was used digestion seemed to be increased, but in a majority of them it was retarded even by such small doses.

Unquestionably, alcohol has a certain field of usefulness as a medicine, the same as other toxic agents, but a much more restricted one than has usually been accorded to it heretofore. The following official opinion, given in a court trial and signed by Prof. Harnack of Halle, together with the medical council of Saxony, men whom no one would think of classing as temperance fanatics is certainly significant. "The idea that alcohol gives strength is deceptive. While any form of alcohol may produce an apparent form of stimulation, there is always a reaction in a profoundly marked diminution of energy. The special action of alcohol on the brain and spinal cord is no longer a theory, but a fact which can be measured and proven. We are confident that experience will fully sustain our belief that no single human life which would have fallen a prey to death without alcohol has ever been saved by alcohol."

AN INTERESTING DISCOVERY.

From Prof. Metchinkoff's laboratory in Paris, from which have proceeded numerous valuable biological discoveries, comes a new report. It was found that a small amount of blood of the male animal injected beneath the abdomen of the female animal rendered her sterile as far as that male animal was concerned. It was tried on dogs and other aniamls and was found to be true in every instance. If it should also hold true for the human species, then a new field for both beneficial and dangerous work has been opened up.

WEIGHING THE SOUL.

Philosophers, in trying to give a definition of the human soul, have always spoken of it as imponderable. But now we may have to change our conception. Several Massachusetts physicians, according to very recent reports in the daily papers, have succeeded in "weighing the soul." That is, to have carefully weighed human bodies after death, and have invariably found a loss of weight which they conclude represents the weight of the soul which has just left its earthly habitation. As a control experiment they killed a number of dogs and weighed them with similar precision before and after death and found that the weight always remained the same. This goes to prove that dogs have no soul to lose. The weight of the human soul, according to these keen logicians, varies from one-half to one ounce. Pretty small soul these worthy New Englanders had! But we know a few men whose souls, we fear, would not tip the scales even so much.

PHOTO-THERAPY.

Dr. A. D. Rockwell, of New York City, reports some very satisfactory results from the use of incandescent light of high power. In conclusion Dr. Rockwell says that the basis of the action of the light bath in disease would seem to be these four:

1. Its bactericidal power.
2. As a promoter of tissue metabolism
3. Its influence in increasing the hemoglobin-carrying power of the red corpuscles.
4. Its analgesic properties, due to its power to relieve blood pressure through induced congestion of superficial vessels, and to its infinitely rapid vibratory action on the nerve units of the body.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 MARCH, 1907 No. 3

EDITORIAL NOTES

Salicylic acid may be dispensed in powders and given in milk when needed.

Censure is the tax a man pays to the public for being eminent.—Jonathan Swift.

The legislature of Delaware proposes castration as one punishment for criminal assaults.

Nebraska has up a bill compelling medicine makers to place the formulas on their packages.

Freund says that in 35 cases of pernicious anemia examined HCl was present in only a single case.

The question of where the first mosquito got malaria carries us back to the "which came first, the egg or the hen?"

It is claimed that the beneficial action of kola is mainly due not to its caffeine but to the kola red.—Le Monde Medical.

Pharmaceutical Era says the Milwaukee aldermen denounced their pharmacies as gambling hells and disguised saloons!

Coppedge found in Merck's creosote a satisfactory remedy for pneumonia. Sure; an effective intestinal antiseptic remedy.

J. Pierpont Morgan says: "I find I can do a year's work in nine months, but that I cannot do twelve months' work in a year."

Whenever a party seeks to prevent the hearing of the other side you may be sure his own side is too weak to bear the truth.

In acute gout Luff in the Practitioner, advises colchicine gr. 1-50 to 1-80 three or four times a day immediately after food.

Crookston, Minn., Times suggests that a boy found on the streets intoxicated had been taking patent medicine for grippe.

The innovator is always right, and Time vindicates him against the conservative who argued him down.—Lamark and Cuvier.

Compound kargon seems to be advanced to fill the place of the ancient halish sativa and red lava flower as a specious fraud.

Of purely internal causes of eczema disorder of the gastrointestinal tract should in my opinion be placed first.—Luff, Practitioner.

The Medical Record remarks that instead of first condemning, W. J. Morton has tried trypsin in cancer and says the results show that further trials are worth while.

Argyrol stains on linen, the hand etc., may be removed immediately by immersion in a 1 to 500 bichloride of mercury solution.

A. F. Toole enumerates 92 causes for 'morning drop;' (So. Med. & Surg.) but only one gives the owner special anxiety—gonorrhea.

Of all medicinal remedies advised for pernicious anemia the only ones worth mention are arsenic and bone marrow. —Le Monde Medical.

Newton urges in Vt. Med. Mo., quinine in larger doses for reduring fevers; less than 5 to 10 grains has not given him good results.

Pernicious anemia:—Iron is absolutely useless but gastrointestinal antiseptics in some cases have given hopeful results.—Le Monde Medical.

A news item from Richmond, Ind., says: the Coroner found Miss Reid's death due to a dose of acet-phenetidin self-prescribed for headache.

When itching exists for which no cause can be found, the liver as a possible factor should not be overlooked.—Riesman, American Medicine.

Sioux City has prohibited the distribution of medical samples from house to house but the distributor keeps right on and the police are after him.

The truly successful practician must be a good diagnostician and thoroughly acquainted with therapeutics as well. —L. B. Edwards, Va. Med. Mo.

Dr. Geo. F. Butler is one of the therapeutists whose personality is too decided and virility too robust for degeneration into therapeutic pessimism.

According to the Leavenworth, Kas., Times, a woman took four grains of acetanilid for headache and was barely saved from death by 2 hours' work.

Hartigan in Merck's Archives suggests euquinine if malarial hematinuria or blackwater fever. As efficacious as ordinary quinine, and almost tasteless too.

In the Vt. Med. Mo. for February J. M. French gets in at the men who discount aborted pneumonias as having been something else. Good article.

Marshall reports in the Lancet a case of rheumatism with endocarditis in which the use of salicylate soda was followed by delirium and hematuria.

Arheol being always identical with itself always gives the same effects with the same doses.—Le Monde Medical. (Active principal of sandal oil.)

An Australian surgeon removed a pair of forceps from a woman's abdominal cavity, left there ten years previously during an operation.—B. M. J.

The Medical Council speaks of using glycerine as a sweetener, but there are objections. Suppose some careless or ignorant person used it with nitric acid?

One of our correspondents referring to women physicians says: "Women as Doctors? Surely; you can wash diapers in a cut glass dish if you feel so inclined."

Merck's Archives states that a quick emetic being needed to save life and no other at hand, a doctor gave a wineglassful of Fowler's solution, with success.

No other subject taught in medical colleges needs rejuvenation today so much as materia medica and therapeutics. Now here at last is a suitable text (Stollmann's) Detroit, M. J.

Dr. Lewis H. Adler, Jr., of Philadelphia truly says: "No one is infallible. The practitioner who never makes a mistake is either ignorant of its occurrence or else his practice is so limited that he has little opportunity to err."

Dr. C .J. Whalen says: "No child ever did or will die of diphtheria to

whom a full dose of antitoxin is administered on the first day of the disease.

Of 1000 patients with diphtheria to whom antitoxin is given on the 2nd day 16 die; 110 when given on the 3rd day; 210 if on the 4th."

Idaho has a bill compelling the formulas to be printed on all patent medicine packages; and poison labels when alcohol, narcotics or abortifacients are used.

Druggists generally believe the new law means the destruction of the huge patent medicine business, as publicity is given the formulas.

Justice Fitzgerald, in the Thaw trial, called attention to the following distinction, which the expert witness should bear in mind:

"For the information of the witness, I will say that 'knowledge' does not mean 'information.' The word 'knowledge' means things you have seen or heard. I do not wish any confusion as to the meaning of the word and a long examination along that line."

The following are two news items from late issues of the Indianapolis News:

Mrs. Scott, near Hartsville, Ind., took a "headache cure,' and the doctor saved her life after a four hours' seance.

Mrs. Mattana of Marion, Ind., took six headache powders and went blind, sight only returning after a 24-hours' fight.

A camphor farm is to be established near Floresville, Texas, under the auspices of the bureau of plant industry of the United States department of agriculture. The government has already a large experimental farm in operation near Wharton, Texas. It is believed that the new industry has wonderful possibilities, and that the time is not far distant when Texas will be one of the greatest camphor producing regions in the world.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A Practical Treatise On Materia Medica and Therapeutics, With Especial Reference to the Clinical Application of Drugs. By. John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Association; Fellow of the Medical Society of London, etc., etc., Sixth Edition. Thoroughly Revised. (In Conformity with Latest Revised U. S. Pharmacopoeia, 1905.) Royal Octavo, 1244 Pages. Extra Cloth. Price $5.00 net. Full Sheep. Price, $6.00 net. F. A. Davis Company, Publisher, 1914-16 Cherry Street. Philadelphia, Pa.

For years Shoemaker's Materia Medica has been a popular work and large editions have been exhausted. The coincidence afforded by the exhaustion of the last edition of the work and the publication of a new revision of the United States Pharmacopoeia, has afforded the author an opportunity of presenting a new edition revised to date with many additions to the text, making a volume which is representative of the present state of therapeutics. Some of the new subjects added to this volume are, Roentgen-ray, Finsen light, serum-therapy, animal extracts, and vibrotherapy. The medical agents are presented in alphabetical order making the book very convenient for quick reference. One feature which has always

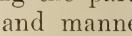
made Shoemaker's Materia Medica popular, is the large number of good formulas which are scattered through the book. A section of the work is devoted to non-pharmacal remedies and expedients employed in the practice of medicine, including electro-therapeutics, diet, hydrotherapy, massage, climatotherapy, pyschotherapy, etc.

The work is exhaustive, very practical and up-to-date in every respect. In view of the recent changes made by the new Pharmacopoeia and the many new therapeutic agents recently added, every practitioner will find this book a most useful and valuable addition to his library.

Paraffin in Surgery. A critical and clinical study by Wm. H. Luckett, M. D. Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York, and Frank I. Horne, M. D. Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12 mo.; 38 Illustrations; 118 Pages, Cloth $2.00. Surgery Publishing Co., 92 William Street, New York City.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues, Physical state of the Paraffin bearing on its Disposition, the Ultimate Disposition of Paraffin, Technic and Armamentarium. It thoroughly covers the use paraffin in cosmetic work such as Saddle Nose Deformity, Depressed Scars Hemiatrophia Facials with a large number of photographs showing cases before and after operation, with illustrations of micro-photographs of the Disposition of the Paraffin in the Tissues. It also presents other conditions of a functional character, where paraffin can be used with service such as Incontinence of Urine, Umbilical and Ventral Hernia, Epigastric Hernia, Inguinal Hernia etc. The subject is presented in a scientific yet comprehensive manner.

Full details are given as to the method of preparing the paraffin as well as the method and manner in which it should be injected. This book presents a wide field for the use of paraffin and a copy should be in every physician's library.



The Practical Medicine Series. Comprising ten volumes on the Year's Progress in Medicine and Surgery, Under the General Editorial Charge of G. P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School, Vol. x, Series 1906, Skin and Venereal Diseases by Wm. L. Baum, M. D., Professor of Skin and Venereal Diseases, Chicago Post-Graduate Medical School; Nervous and Mental Diseases by Hugh T. Patrick, M. D., Professor of Neurology in the Chicago Policlinic, Professor of Nervous Diseases in the Northwestern University School, and Wm. Healy, A. B., M. D., Assistant Professor of Neurology in the Chicago Policlinic. Pages 254, Illustrated, Cloth, Price $1.25. Price of the Series of ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This a very practical volume, being filled with information which can be used every day in practice.

Dr. Baum has admirably abstracted the leading articles of a year on dermotology, presenting the latest researches and experiences; many valuable formulas are given. The year's progress in the study and treatment of

syphilis and venereal diseases is also well presented.

Dr. Patrick has abstracted the leading articles of the year on nervous and mental diseases and added notes from his own experience. Every practitioner can add something from this volume to his knowledge on these important subjects.

This book is worth several times the price to any medical practitioner. The volume is well printed and nicely bound and is illustrated with half-tone plates.

BOOK NOTES

The March Everybody's contains a live article by Vance Thompson who undertook to interview Cardinal Merry del Val, Papal Secretary of State, on the church question in France, and succeeded far beyond his expectations. "War Against Christ" is the title of his remarkable resultant article. "The Needles Slaughter by Street-Cars," by John P. Fox, is an expert consideration of American street-railway conditions. "The Shadow in High Finance," by David Ferguson, is an account of the entrance of detectives into presentday financial operations. Olivia Howard Dunbar writes of the woman's rights movements of the world in an article entitled "The World's Half-Citizens." In this number, Lloyd Osbourne's novel "The Adventurer," begins with a rush.

The Journal of Inebriety after thirty years of continuous studies of the diseases of inebriety and drug taking begins its new decade by entering upon comparatively new field of physiological and psychological therapeutics, for the treatment of these neuroses. Arrangements have been completed by which the Archives of Physiological Therapy has been consolidated and will hereafter be published as a part of the Journal of Inebriety. This very able monthly has been developing parallel lines of study with the Journal of Inebriety. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neuroses is a field of most practical interest, hence the Journal of Inebriety is selected as a medium for continuing the work of the Archives of Physiological Therapy. Henceforth in addition to the various phases of this subject which the Journal has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psycho-therapeutic measures and other physiological means will occupy a prominent space.

A glance at the titles of some of the articles in the World Today for March, is sufficient to show what a wealth of good things the number contains: "The Block System and Railway Accidents," (illustrated) by Day Allen Willey; "The Triumph of the Kaiser," by Frederick Austin Ogg; "The Railroads' Fight with Snow," by H. D. Frankel; "The Revolution in Poland," by Alexander D'Heautreave; "In the Land of the White Elephant," (illustrated) by Eliza R. Scidmore; "Taming the Mississippi," (illustrated) by John Leisk Tait; "Shaping the Future of the Indians," (illustrated) by Forbes Lindsay; "Meedma—Sculptor to the Dutch People," (illustrated) by William Elliot Griffis; "Vicomte Georges d'Avenel," (with portrait) by Alvan F. Sanborn; "Private Secretaries of the Mighty," with portraits) by Williard French; "From Saddle to Senate," (with Portrait of Charles Curtis) by Sheffield Cowdrick; "The Aftermath of Kingston," (illustrated) by Broughton Brandenburg; "Savings Banks and Industrial Insurance," by Frederick W. Coburn; "The Negro as an American Soldier," by William H. Head; "Churches on Wheels," (illustrated) by W. G. Fitz-Gerald; "The Cost of Technical Errors," by George Ethelbert Walsh.

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Acute Coryza.

℞

Sodii salicylatis...oz. ss. or 15.00.
Pulvis ipecac et opii.....
.....dr. ss. or 2.00.
Spir. menth. pip., m. x. or 0.65

M. et fiat chart no x. s. Take one every three hours until relieved.—Med. Press

* * *

Pruritus. M. Brocq (Bulletin Generale de Therapeutique) as a local treatment for pruritus, employs preferably the "pomade of the three acids," of which the following is the formulary:

℞

Acid phenic.....1.00 or gr. 15.
Acid salicy. 2.00 or 30.00 gr. xxx.
Acid tartarici...3.00 or gr. xlv.
Glycerinae, 60.00 ad 100.00 or
.....oz. ii. to iiiss.

M. S.—Apply locally.

* * *

Falling Hair. Walsh (Journal A. M. A.) recommends the following to prevent the falling out of hair:

℞

Acidi salicylici...dr. iii or 12.00.
Acidi carbolici.....dr. i or 4.00.
Ol. ricini .....dr. iii. or 12.00
Sp. vini rect.....
.....q. s. ad oz. vi. or 180.00.

* * *

Ichthyol in Tuberculosis. Williams (Journal of Tuberculosis) considers this the most useful drug we have in tuberculosis. He gives it in capsules commencing with about ten minims and increasing to twenty minims and finally reaching fifty or sixty minims three times a day. The full dose may produce slight diarrhoea or slight pigmentation of the skin. Locally in tubercular ulcers, bone caries and laryngitis he has found it superior to iodoform, balsam of Peru and other medicaments. He has found it useful in hemorrhage on account of its power to constrict the capillaries in inflamed and congested tissue. It is an excellent expectorant, the sputum becoming thinner, more easily raised and less abundant. It improves the appetite and digestion, increasing the weight and reducing the night sweats.

* * *

For Lumbago. Levy (N. Y. Med. Journal) recommends internally:

℞

Potassi acetate...oz. ss. or 15.00.
Sodii salicylatis..dr. iii. or 12.00.
Aquae gaultheriae.....
.....ad oz. iii. or 90.00.

M. S.—Teaspoonful every four hours. Also this application to the back:

℞

Methyl. salicy.....oz. i or 30.00.
Spiriti chloriformi, oz. ss. or
..... 15.00
Spir. chlor. .....oz. ss. or 15.00.
Linamentii saponis .....
.....ad. oz. iii. or 90.00.

M. S.—Rub in thoroughly for ten minutes night and morning. If cupping instruments are not at hand use the common tumblers.

* * *

Homicide by Aconite Poisoning. Carel (Medicine) reports a highly interesting case of homicide by aconite poisoning. A farmer of 42 years, apparently in good health, died suddenly during

the night. Slight suspicion was attached to a farm hand who had given the farmer a drink of whiskey. After some weeks the farm hand left the place and settled in North Dakota. About two months later the widow left on a visit and remained away for some time. Accidentally it was learned that she was living during this time with her former husband's farm hand. This fact aroused suspicion and further investigation was ordered. The body was ordered exhumed nine months after burial. After elaborate process called the Dragendorff process, aconite in small quantities was found and when administered to mice they died with unmistakable symptoms of aconite poisoning.

* * *

Rectal Obstruction Caused by Calcified Uterine Myoma, (Deutsch Zeitschrift fuer Chirugie). An unmarried woman, aet 70, had suffered for some months from an obstruction which had in the last few weeks become worse. Rectal examination showed a hard, irregular growth situated in the pouch of Douglas and attached to the utero-vaginal walls. A diagnosis of rectal cancer was made. Laparotomy revealed a stone hard tumor the size of the fist. This was easily separated from the atrophic uterus with which it seemed to have but little connection. Its irregular projections rendered its separation from the rectal and posterior vaginal walls difficult. Microscopically it proved to be a markedly calcareous myoma. Calcification occurs generally in subserous fibro-myomata and rarely in others. When they become detached as is frequently the case, they form the so-called "uterus steine."

* * *

Rotunda Hospital Report. The report of this Dublin institution is replete with information.

Accidental Hemorrhage. There were eight cases with this complication. In two the loss of blood was not great and no special treatment was called for. In another, good labor pains were in progress and the application of a bandage controlled the bleeding. In four the vagina was plugged after the Rotunda method with happy results.

Rupture of the Uterus. One case occurred in the Extermaternity, vipara aet 36. Admitted to the hospital undelivered. Labor had started at 8 a. m., membranes ruptured an hour later and pains continued strong until 10:30 a. m., when they ceased altogether. Rupture of the uterus was diagnosed and she was sent to the hospital. The forceps were at once applied with the head fixed in the brim occipito-posterior position with os almost fully dilated, the body of the child lying free in the abdominal cavity. Delivery was easily accomplished and a rent was found involving the cervix and the posterior wall of the vagina. The placenta, which lay free in the abdomen, was removed by the hand. The patient's condition did not seem to warrant operation and the rent was plugged with iodoform gauze. Death followed in four hours.

Spontaneous Inversion of the Uterus. This very rare accident arose during the labor of a primipara who was delivered of a full term child by natural efforts. The uterus contracted well at the termination of delivery. The separation of the placenta was left entirely to nature. In twenty minutes the patient cried out as though in labor and declared that the pains were as bad as when the child was born. The placenta and fundus protruded through the vulva and a hollow was felt over the pubes. A gloved hand was at once passed through the vagina and an adherent placenta was felt firmly attached to the fundus of the uterus and removed. While this was being done another pain was started and the organ was turned completely inside out, its fundal extremity protruding through the vulva. No difficulty was experienced in its reduction. The puerperium was uneventful and apyretic.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Oronhyatekha.—The remarkable physician, who was supreme head of the Independent Order of Foresters, died March 3.

A full-blooded Mohawk Indian, born in poverty, Dr. Oronhyatekha arose to riches and honor, and those who know him declare that he evidenced the highest qualities of executive ability and general business acumen.

He took charge of the Independent Order of Foresters when it was a bankrupt organization of three hundred discouraged members, and in twenty-five years gained for it a membership of 235,000, with a surplus of over $11,000,000. In 1905 he founded an orphans' home, as an institution of the order, erecting it on the St. Lawrence.

Turbinate Hypertrophy.— We have several times in these pages called attention to the dangers and bad sequelae of indiscriminate turbinectomy. The performance of turbinectomy is now being condemned by many able rhinologists. Dr. D. A. Kuyk, of Richmond, Va., in the Journal A. M. A., March 2, reviews the objections to the excision of the turbinates, and proposes in their stead the making of one or more incisions through the mucous membrane of the hypertrophied turbinate, well down to the bone, when, with a broad nasal saw, the bone is cut into a depth depending on its nature, whether cancellous or vitreous, which is easily detected by the sensation imparted to the hand. If the bone is dense and hypertrophied the cut is carried well down into its substance. Then the nostril is cleansed and the edges of the incised mucosa carefully tucked down into the cut which has been made with a wide saw to allow this. The tissues are kept in place by a carefully adjusted pledget of cotton, saturated with equal parts of compound tincture of benzoin and flexible collodion. This can be left in situ for two or three days, when, after careful soaking, it is removed, the tucked in edges not being disturbed. Repacking is rarely required. The advantages of this method over cauterization or partial or complete turbinectomy are claimed by him to be as follows: 1. Preservation of physiologically active tissues. 2. Freedom from disagreeable reaction or complications. 3. Absence of shock, since but slight local anesthesia is necessary. 4. Freedom from aggravation of existent disease in neighboring cavities. 5. Ease and speed in performance; the instruments used being few and simple.

Dr. Kuyk makes the following important statements regarding turbinectomy:

That the removal of a portion of the inferior turbinate is at times necessary cannot be denied, but that its total ablation is ever justified can not be admitted. Time was when this complete ablation was freqeuntly done, perhaps because it was so easily done, with such simple instruments and because it gave for a time the desired result, viz., a widely open nostril.

Turbinectomy removes a large area of physiologically active tissue and destroys the arch of the inferior turbinate which gives direction to the inspired air current. The mucus secreted is insufficient in quantity to moisten properly the inspired air, the blood supply is

insufficient in amount to give the warmth that is so essential to preserve the integrity of the mucous lining of the respiratory tract. Filtration of the air current is impossible. Subsequent contraction aggravates this condition. To a genuine atrophic rhinitis is only one step. Later on in many cases collapse of the alae nasi occurs, adding to the already existing distress the greater evil of absolute nasal occlusion, especially at a time when nasal respiration is most necessary, viz., in sleep and per contra when exercising. This latter condition is so distressing and has been often observed, yet has received no mention by any author to whom I have had access save in the last edition, the fifth, of Lennox Browne. On page 789, in concluding the treatment of hypertrophic rhinitis, he says:

In some cases of hypertrophic rhinitis as well as in many cases of polypi collapse of the nostrils remains as a more or less permanent cause of trouble after the original malady has been removed. If unremedied all of the former symptoms are liable to recur.

This, so far as it goes, is very good, but one could wish that he had given the physical explanation for so undesirable an occurence. In my experience collapse has not followed removal of polypi, nor has it ever been seen so long as the inferior turbinate has not been removed. Therefore, it must be supposed that the presence of the inferior turbinate in some way insures the stability of the intranasal air pressure at a sufficient pressure to maintain a patent vestibule. Some time after the complete removal of the inferior turbinate, in one case it developed as early as three months, the alae begin to collapse. It is noticeable when breathing quickly, as when exercising or in taking deep inhalations, when the flaccid wings collapse, falling in on the septum, completely closing the vestibule like valves, purposely so placed.

The probable explanation of this is that the air within the nostril is evacuated before that from without can gain admittance, resulting in a loss of equilibrium, allowing the greater external pressure to force the flaccid alae nasi against the septum. There occurs here what takes place when the air in the middle ear is exhausted and when it can not be quickly renewed, viz., collapse of the ear drum against the promontory. Collapse of the wings is seldom seen in cases of atrophy, for here the process is so gradual that ample time is given for gaining compensatory muscle action.

This condition of collapse is far worse than the obstruction caused by hypertrophy of the inferior turbinate. In the latter condition there are times when some air can be gotten through the nasal cavities, viz., when the air is dry or when exercising. These momentary aerations serve to ventilate the accessory sinuses, the Eustachian tubes and to keep the mucous glands somewhat active. There are moments of relief. With collapse, however, the occlusion is complete and permanent, with the entire train of symptoms following in its wake; insufficient aeration of the accessory sinuses with the well-known dangers entailed thereby. The middle ear catarrh with its tinnitus and its deafness, for which turbinectomy is often done, is undoubtedly aggravated by the absence of any ventilation. In fact, cases have been seen in which the progress to a practical total deafness was noticeably hastened. Also the same mental symptoms of aprosexia have been observed in this condition as in that attendant on occlusion from intranasal hypertrophy. Mouth breathing, with its almost interminable train of distress and associated with the collapsed alae, so alters the facial expression as to make it appear unnaturally narrow, drawn and pinched, while the voice is usually much changed in tone.

PRESCRIPTIONS

By J. A. Burnett, M. D.

ERYSIPELAS.

℞

Tinct. iodi .....ʒvi.
Olei camphorea.
Ichthyolis ..... aa ʒiii.

M. S.—Apply locally two or three times a day.—Smolitcheff.

FEBRIFUGE.

℞

Fld. ext. lobelia seed.
Fld. ext. burdock seed ...aa ʒj.
Fld. ext. crawley.
Fld. ext. asclepias .....aa ʒij.

M. Sig.—Dose 5 drops every one, two, or three hours.—J. A. Burnett, M. D.

CYSTITIS.

℞

Potassi bromidi.
Sodii bromidi .....aa ʒii.
Extr. belladonnae fol....gr. iv.
Extr. buchu ..... ʒi.
Syr. sarsaparillae comp. q. s. ad. ℥iv.

M. S.—Tablespoonful three times a day after meals.—Pepper.

ANTIPERIODIC.

℞

Quinine sulphate.
Rhubarb .....aa gr. xxiv.
Capsicum .....gr. xij.

M. Ft. capsules No. xij.—Dose—one every two, three, or four hours.—J. A. Burnett, M. D.

HYSTERIA.

℞

Fld. ext. valerian.....℥j.
Tinct. ext. cannabis indica ʒiv.
Comp. spts. lavender, q. s., ℥iv.

Sig.—Teaspoonful when needed.—J. A. Burnett, M. D.

LINIMENT.

℞

Tincture lobelia .....℥iij.
Tincture cimicifuga .....℥ij.
Tincture calendula .....℥ij.
Tincture capsicum .....ʒiv.
Alcohol .....℥xvj.

M. Sig.—Apply locally in sprains, muscular rheumatism, bruises and similar conditions.—J. A. Burnett, M. D.

FOR CHILDREN'S COLIC.

℞

Fld. ext. asclepias .....ʒij.
Fld. ext. dioscorea .....ʒj.
Essence cinnamon .....gtts. x.
Essence anise .....gtts. x.
Simple syrup .....℥iv.

M. Sig.—Dose one-half teaspoonful as needed.—J. A. Burnett, M. D.

CATHARTIC.

℞

Fld. ext. cascara .....ʒiv.
Fld. ext. eunonymus .....℥j.
Fld. ext. licorice.....ʒij.
Syrup butternut .....℥vj.

M. Sig.—Dost teaspoonful night and morning.—J. A. Burnett, M. D.

BRONCHITIS.

℞

Extract eucalyptus .....℥j.
Ammonium chloride .....ʒij.
Glycerin .....℥ij.
Syrup tolu .....℥iij.

M. Sig.—Dose, one tablespoonful every two to four hours.—J. A. Burnett, M. D.

ASTHMA.

℞

Fld. ext. scutallaria .....ʒiv.
Fld. ext. cypripedium....ʒiij.
Fld. ext. cramp bark .....ʒiij.
Tinct. lobelia .....ʒij.
Syrup zingiber q. s. .....℥iv.

Sig.—Dose, ten or fifteen drops in hot water every fifteen or twenty minutes as long as needed.—J. A. Burnett, M. D.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

DERANGED UTERINE FUNCTION

By James A. Black, M. D., Morganza, Pennsylvania.

It is safe to say that to the average physician, who is confronted almost daily with the ordinary cases of suppressed and deranged uterine function, no other class of cases is so uniformly disappointing in results and yields so sparing a return for the care and time devoted to their conduct.

Patients suffering from disorders of this nature are usually drawn from the middle walk of life, and, by reason of the pressure of household duties or the performance of the daily tasks incidental to their vocation, are entirely unable, in the slightest degree, to assist, by proper rest or procedure, the action of the administered remedy.

Many of these patients, too, suffer in silence for months, and even when forced by the extremity of their sufferings to the physician, shrink from relating a complete history of their condition and absolutely refuse to submit to an examination. Authoritative medical teaching and experience unite in forcing upon the attendant a most pessimistic view of his efforts in behalf of these sufferers under such conditions.

It is in this class of practice, where almost everything depends upon the remedy alone, that a peculiarly aggravating condition of affairs exists. A very limited list of remedies of demonstrated value is presented for selection, and I believe I am not wide of the mark in saying that, in the hands of most practitioners, no remedy or combination of remedies hitherto in general use has been productive of anything but disappointment.

Some time ago my attention was drawn to ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. Its exhibition in several cases in my hands yielded such happy results that I have used it repeatedly in a considerable variety of conditions, and with such uniformly good results that I am confirmed in the opinion that its introduction to the profession marks an era in modern theraptutics. In the treatment of irregular menstruation and attendant conditions I have found it superior to any other emmenagogue with which I am familiar, in the following particulars:

1. It is prompt and certain in its action.
2. It is not nauseating and is not rejected by delicate stomachs.
3. It is absolutely innocuous.
4. It occasions no unpleasant after-effects.
5. It is convenient to dispense and administer.

McGregor, Ia., Jan. 27th, 1907.

Bell & Company, N. Y., Gentlemen: —We have been trying to keep house without your Papayans and find it somewhat inconvenient, and as a result I would like 3,000. If you will ship same at once, you will greatly oblige.

The New Animal Therapy Co., Stewart Building, Chicago, will gladly send you information regarding their products.

BRIEF MENTION

Some of the leading articles in the March Cosmopolitan are: "Slavery in the South Today," illustrated, by Richard Barry; "The Pool Room Spider and the Gambling Fly," illustrated, by Josiah Flynt; "The Growth of Caste in America," illustrated, by Charles Edward Russell; "Our American Oligarchy," by Ernest Crosby; "A Social War in the White House," illustrated, by Alfred Henry Lewis; "The Player with a 'Pull'," illustrated, by Alan Dale; "Woman's Most Attractive Age," illustrated, by Elizabeth Meriwether Gilmer; "Why Eat Meat?" by John H. Girdner, M. D.

Some of the articles in the American Magazine for March are: "We and Our Neighbors," illustrated, by Josephine Daskam Bacon; "The Tariff in Our Times," illustrated, by Ida M. Tarbell; "The Rebellion of a Millionaire," illustrated, by Jules Verne Des Voignes; "Letitia, Nursery Corps, U. S. A.," illustrated, by George Madden Martin; "Athletics Among the Blind," illustrated, by Stanley Johnson; "The Middle American," by Joseph Jacobs; "Adventures in Continentment," by David Grayson; "In the Interpreter's House,"; "The Riddle of the Negro," illustrated, Editorial.

Vasculin is indicated in all states of hyperesthesia, such as neuralgia, hysteria, nervous chills, vertigo; in aching back and loins with dragging and bearing-down sensations; in difficult micturition, menstrual colic, ovarian pain and prostatic swelling. Vasculin is beneficial in all those obscure functional nervous disorders accompanied by derangement of the circulation and more or less discomfort and pain. Samples may be obtained of M. M. Foy & Co., 1100 Hamilton Ave., St. Louis.

The pain which accompanies the intestinal diseases resulting from grippe colds is often severe and requires the use of an effective anodyne. Papine is peculiarly adapted to such needs as it represents all of the pain relieving properties of opium without its narcotic and nauseating effects. It is apparent that such a remedy has a wide range of usefulness, and that Papine is well appreciated by the medical profession is shown by the place it has occupied in the medical armamentarium for so many years.—The International Journal of Surgery.

The most reliable and unbiased history of the Christian Science movement is the series of articles by Georgine Milmine, now running in McClure's Magazine. The leaders of the movement are not pleased with this publication of the facts. The March instalment is very interesting. Another splendid article in the same number is "What We Know About Mars," by Waldemar Kaempffert. The article gives the latest information about Mars and is illustrated with diagrams. Carl Schurz' "Reminiscences of a Long Life" is continued, this chapter being on the breaking out of the civil war. "The Great American Question" is an article from the Southerner's point of view, by Thos. Nelson Page. There is also a great variety of fiction in the number.

Prescribe Tab. Rhamnus Purshianae Compound in constipation. Samples free of the American Medical Supply Co., Brooklyn, N. Y.

You can use oxychlorine every day in your practice. Somple free of Oxychlorine Chemical Co., 14th and Wabash Ave., Chicago.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X APRIL, 1907 No. 4

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 83 March Recorder)

THE EXCESSIVELY LARGE EAR.

The surgeon frequently has opportunity to reduce the size of the ear. The reduction of an ear is not as easily accomplished as the bringing of the ear closer to the side of the head. If the undue prominence is due to outstanding of the ear rather than the excess in size of the organ the operation for overcoming such outstanding should be practiced rather than the operation for actually diminishing its size.

In some cases one ear is unduly large, the other being normal or small, in which case the operator must carefully judge as to the extent he will reduce the ear. A small ear may not be as unsightly as a large organ. A large ear should be reduced in size until the difference between it and its fellow is not conspicuous.

The operation for reducing the ear is accomplished with local anesthesia. The injections are made beneath the skin of the ear posteriorly and then as close to the cartilage of the ear as possible, and finally beneath the skin of the ear anteriorly. Considerable care should be taken in infiltrating so that complete insensitiveness is secured. The operation should be performed with perfect ease, the patient enjoying perfect freedom from pain during all steps of the operation.

The simplest operation recommended for the diminution of the size of the ear consists in the excision of a wedge of all the tissues of the external ear, and the approximation of the parts by sutures. This operation in a few instances gives a result which is sufficiently satisfactory to justify its adoption. The operation should be adopted where the tissues can be accurately approximated after the removal of the wedge and where the approximation will not cause an unnatural or abrupt termination of a ridge or other irregularity of the ear.

The removal of a wedge from the ear is started posteriorly. A portion of skin somewhat smaller than the size of the wedge of cartilage, which it is proposed to remove from the ear, is carefully marked off with a scalpel; the skin is divided. It is well to adopt the plan of a slanting incision so that the skin may be overlapped after the removal of the remainder of the tissues. The skin along the margins of the wedge is freed slightly and pushed back, then the car-

tilage is carefully divided. The skin anteriorly, is divided so that it slightly overhangs the wedge of cartilage removed.

Any bleeding developing during the incision of the tissues from the ear is controlled before closing the defect in the tissues.

The skin, anteriorly, is approximated with a subcutaneous suture of fine catgut. The cartilage is approximated with chromitized gut. If it resists approximation the gut should be strong and placed so as to safely hold the margins of the cartilage together. The gut sutures through the cartilage bear all tension. The skin, posteriorly, is approximated by a subcutaneous suture of fine gut and the parts covered with a collodion dressing. Adhesive strips may be used, if the operator prefer, for protecting the wound and for minimizing the tension upon the wound margins, although the collodion dressing is amply sufficient.

THE EXCISION OF A CRESCENT.

The second plan of operation which is recommended for the diminution of the size of the ear consists in the removal of a crescent of tissues coupled with a small strip from the outer margin or helix.

This operation is recommended as one which is likely to give the most nearly perfect results and a casual examination of the plan of operation would convey this impression to the reader, but in using the operation for the excision of a considerable tissue from the ear it is found to be an operation in which the results are not all that may be desired.

The tissues are infiltrated as in the preceding operation, and the operation begins posteriorly. The operator marks off the skin so as to include an outline of the tissues which are to be removed. The skin incision includes a smaller crescent of skin than the crescent of cartilage to be removed; the skin is carefully divided. It is separated from the cartilage so as to give access to the cartilage. The removal of the cartilage is accomplished. The operator removes a crescent of tissue and then a small portion from the helix. The skin, anteriorly, is trimmed so that it slightly overhangs the cartilage, permitting approximation with a buried catgut suture. When the cartilages are held closely together there is no tension upon the skin suture. The illustrations usually given by operators showing a crescent to be removed from the ear, show this crescent including the antihelix, which in the usual ear is a prominent ridge. The removal of this ridge and its replacement by a linear scar alters the natural state to an extent which is noticeable, and rather than the removal of this portion of the cartilage, the operator should remove a crescent of cartilage from beneath the antihelix, so that it includes a portion of the concha. Following such an operation the scar on the anterior surface of the ear over the site of the crescent removed is beneath the antihelix and within the concha. Here it is in the shadow and is much less conspicuous than along the site of the antihelix.

The skin anteriorly should be carefully sutured and the cartilage approximated, taking deep stitches with chromitized catgut so that the cartilage is firmly and safely held in approximation. The skin of the ear posteriorly is carefully approximated, and the ear dressed with collodion or adhesive strips.

THE OPERATION OF ELECTION.

The third operation is one which may be applicable in a few cases where a long, narrow strip of cartilage is removed and the desired result secured in this way. The operation has in view the removal of the cartilage and skin of the ear posteriorly, but if possible the skin of anterior surface is not disturbed, so that no scar is left after the operation, except upon the posterior surface of the ear, and this is rendered inconspicuous by completing the opera-

FIGUPE 1

Figure 1. Illustrating lines of excision to be followed in some instances. The excision should be made so that the subsequent scars lie along the natural depressions of the ear.

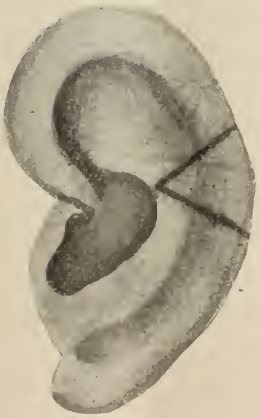


FIGURE 2

Figure 2. Excision of triangular section in reducing the excessively large ear.

FIGURE 3

Figure 3. Operation completed.

FIGURE 4

Figure 4. Excision from behind. In this operation the skin anteriorly is in no wise disturbed. The tissues excised including only the skin posteriorly and the cartilage of the ear. This operation is preferable to others as no visible scar is left.

tion so that the ear lies close to the head.

The skin incision is made as before so as to overlie the cartilage which is removed. The cartilage is removed in a long, narrow, crescent-shaped strip just within the concha, and a strip is also removed extending inward and outward.

After the skin is separated posteriorly, the cartilage is but partly divided with a sharp scalpel and the operator, with sharp, strong scissors, bites out the cartilage bit by bit without injuring the skin over the anterior portion of the ear. This is accomplished slowly and carefully as the cartilage of the ear is closely adherent to the skin over the anterior surface of the ear.

When the cartilage is all removed and the bleeding controlled, with a fairly blunt dissector the skin is slightly separated from the margins of the cartilage anteriorly, and then the cartilage is sutured as in the previous operations. The cartilage having been closely approximated the skin is brought together posteriorly and the parts dressed.

In some cases it is necessary to carry an incision inward toward the attachment of the ear to the head and to excise a segment of cartilage along this line, and also to carry the incision outward over the helix, excising a strip to the margin of the ear. If, after this operation, the ear shows a tendency to stand out unduly, this is overcome by dressing the ear close to the head and holding it in this position until healing occurs. In other cases, the wedge of tissue may be removed from the concha close to the attachment of the ear to the head and a strip of cartilage removed outward over the helix and the antihelix. The cartilage is now sutured and if the ear stands out unduly, the operator completes the operation by suturing the cartilages to the tissues of the side of the head before closing the skin incision.

These operations, which include only a removal of a portion of the cartilage and of the skin of the ear posteriorly, should be limited to operations in which a small, narrow strip of cartilage only is to be removed as the removal of a broad strip may leave a fold of skin which is more conspicuous than a straight, linear scar.

The last operation described for the diminution of the size of the ear is one which will be found more universally useful than the others as it enables the operator to secure a result which is more nearly perfect than others, with the least amount of scarring, and the scars situated most inconspicuously.

This last operation is modified according to the amount of tissue which is to be removed.

Attention has been called to the importance of placing the scar caused by the removal of a crescent of tissue as much in the shadow as possible and not out along the line of the antihelix where it is likely to be most conspicuous.

In order that the ear may be adequately reduced in size it is necessary to remove a section of tissue from the helix and if this is removed from the middle of the free margin of the ear as has been recommended in the previous operations, it may be difficult to hide the scar subsequently.

Women will most often submit to the operations for reducing the size of the ears, and in such patients the hair, if dressed low, covers the ears and scars are hidden, but before the operator allows such a thought to decide him as to selecting an operation which necessitates such plan of dressing the hair subsequently, he should decide whether or not such a dressing of the hair is becoming to the particular woman before him, and whether or not the dictates of fashion will not at some subsequent time make her very anxious to dress her hair away from the ears.

If the operation for diminishing the size of the ears is performed somewhat along the same lines as has been previously described, but instead of re-

moving a segment of the helix about the middle of the free margin of the ear, it is removed from the ear at the beginning of the helix above, we will have the scar situated at a point where either in the male or female it can be easily hidden from view.

In many cases the long, narrow crescent can be removed from the ear and the work done from behind so that the skin is not punctured or removed anteriorly and the ear diminished somewhat in size without subsequently leaving a visible scar anteriorly.

Where a large crescent of cartilage is removed the plan of operation may be changed to an advantage. Instead of simply excising the whole thickness of the ear, the skin of the ear, posteriorly, may be saved when it cannot be saved anteriorly, as previously described. The skin of the posterior surface of the ear, is less closely attached to the cartilages of the ear than that anteriorly, and in this less close attachment allows of a more ready separation of the cartilage and the skin.

Where the operation is to be done from the front the operator marks off the area to be excised, and carrying his incision deeper, divides the cartilage. This latter is excised completely, leaving the bridge of skin posteriorly, which contains a number of blood vessels which help to maintain the nutrition of the ear.

This operation is completed as is the others, by suture of the cartilage and then of the skin, the skin posteriorly being allowed to fall into a fold which gradually shrinks after the operation. The operator exercises particular care to see that the suturing in the concha anteriorly is most carefully done so that the approximation of the divided skin is as perfect as possible.

In some cases both these operations must give way to the operation for the removal of the entire thickness of the ear, rather than only a portion as described. In such instances, the operation is readily performed, the entire thickness being removed with scalpel or scissors, and after bleeding is controlled, the deficiency formed by the removal of the crescent of tissue is carefully closed.

(To be Continued.)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D.,
72 State St., Chicago, Ill.

(Continued from Page 88 March Recorder)

THE HOSPITAL.

No matter what the hospital may have been in the past, at the present time it is an ever growing danger to any unfortunate who may pass its doors. All the large religious hospitals are now exploited in the interest of some medical clique, which is usually headed by one or more surgeons. When a person enters their doors he ceases to be a human being, and becomes a "case;" his life and future health depend upon the judgment of one or more men who, after a great many years of blundering, have succeeded in getting absolute control of all patients who may be attracted to the hospital. The whole medical machine is organized in the interest of a few men, and if any member of the staff shows any independent spirit, they will job them and get rid of him or her in short order. Every superintendent, interne and nurse must continually sing the praise of the head of these institutions or someone will be found that will do it. No one dare criticise or question anything these fellows do, so they are left to work their own sweet will upon any patient that may be admitted.

The majority of these men now at the head of these institutions never served a day as an apprentice to a well known surgeon. They are nearly all the product of "dog surgery and nerve," and who among us has a pen capable of

writing the history of their development to their present positions? Who can tell of the blundering and monumental stupidity that has placed them at the top, or how many death certificates have been filed with the health department with pneumonia, embolism, nephritis, anemia, etc., etc. that sufficed to cover a fatal blunder? I know of many that have passed under my own observation, but the many I have never heard of would be legions.

To canvass the death certificates filed you would think our modern hospital was a first-class health resort, but a private talk with the favored undertaker will disillusion the inquirer, as he can tell you that pneumonia and nephritis are very fatal diseases after operations. Another peculiar circumstance is, that one very seldom finds the name of any of these great men upon a death certificate, but instead we find the name of an interne who has signed it; therefore it is necessary to get the names of the different internes to ascertain the cases that have died within one of our modern institutions. If the time were ripe I would take pleasure in calling attention to some of the atrocious mistakes that have come to my knowledge in the last eighteen years where the patients have been mixed, and the wrong operation done, but as I am not after the individual, but the system, it would not be advisable at present to take up this peculiar angle of this subject. Suffice is to say that numerous mistakes are continually being made upon patients, of which no hint ever reaches the public, as the machine is so well organized that it has been almost impossible to find a "reliable leak."

At the present time the surgeon and the hospital have come so near together that they are both in doubt. The hospital, as to whether its prosperity depends upon the presence of some surgeon upon its staff, and the surgeon wonders if his prosperity depends upon his position upon the staff; at any rate they are both working in harmony to further each other's interest, and the patients are legitimate prey for the surgeon without protest from the hospital management. It is the desire of both to educate the people to come to the hospital when they are sick, so as to help build up the medical trust, as the rights and opinions of outside physicians are not considered in the matter; they want the money and are going to get it by some means. Physicians have done their best to build up this high medical octopus in the past. They have encouraged their patients to go to these institutions under the theory that they would get better treatment, until they have a ten years' job before them to destroy the public confidence they have built up, and what have they to show for it; simply that they know one or more of these men and are allowed to watch some scientific carving upon a human being occasionally, and are patted upon the back and called good fellows. They now see their patients going to these institutions upon the slightest illness and doing it without consulting them, others reaping the harvest that they have sown. How much longer will physicians persist in being the champion easy mark of the age?

THE FAKE OPERATION.

This procedure was invented to quiet the mind of some crank with more money than sense, but has become quite popular in some of these institutions, where patients present themselves with the statement that they have a pain in the abdomen which does not conform to any known symptoms; the surgeon looks wise and advises the patient to leave it all to him. An exploratory laparotomy is done that may or may not go through the peritoneum. If not thought advisable to go through, the statement that the adhesions are too great is sufficient to satisfy the attendants, however, the adhesions do not reduce the size of the fee. A story that

was told to me by a young woman threw some light on this subject. She was pregnant and went to see one of our prominent men who gave her some tablets which she was advised to take every two hours until she had taken a certain number, which would make her muscles twitch; then she was to be moved to the hospital as rapidly as possible in his service, where he would put her to sleep and clean out the uterus. The procedure was carried out and she recovered promptly. Curiosity led me to investigate the hospital record, and I found that she was suffering from eclampsia and the uterus was emptied. Analysis of the tablet showed strychnine in 1-20 grain doses. Verily our great men are versatile and knowledge is a great help at times. I should like to know how many other cases of this kind have been covered by some fake abdominal operation.

I suppose you have all heard about the "snake" that was removed from the stomach of some crank. If not I am sorry, as it has happened in so many institutions that it seems a pity you have missed it, as it requires almost as much slight of hand as to get a tape worm from a party who don't happen to have one. Several noted surgeons have told us that it was never safe to do a gallstone operation without having a few stones in reserve, as it was very annoying at times, until one of them discovered the "band of adhesions" that compressed the common duct, and stimulated gallstone tonic. This is easy, as no one but the operator can see or feel the band, so the rest have to take his word for it. If the history was written regarding mal-positions of the uterus, kidney and testicle, and their relations to fake opertions it would make interesting reading.

THE HOSPITAL CLINIC.

This institution is the outgrowth of the surgeon's exaggerated ego, being possessed of the idea that it is a good advertising medium, and no opportunity is lost to beguile the innocent country doctor into seeing one of our great men carve up a human being scientifically. It is expected that he will become inoculated with the idea that a few of his patients would look better if they were submitted to the process, so great pains is taken to give him a front seat where he can see real blood, and become impressed with the dexterity and skill of the operator, and incidentally become impressed with his talk about "conservatism." For a time it was conservative to acknowledge about five per cent death rate, as nothing could be perfect in medicine, and those who claimed better results were not telling the truth, but at the present time it is conservative to claim one death in four hundred, while the mortality from pneumonia, embolism, nephritis and kindred disease has climbed wonderfully. If a patient dies on the table it is embolism; if he dies within twelve house it is shock; if within twenty-four hours, pneumonia; if from hemorrhage, it is anemia; if within three weeks, nephritis. Now you can see why major operations are so safe, and the mortality so low and why certain procedures or methods have become so safe in the hands of their originators, and so fatal in the hands of their imitators. It is generally assumed by physicians when referring to hospital staffs, that the positions are held by a superior class of physicians, and all surgeons are careful to tack onto their articles the statement when done by a skillful operator. I called at one of our large hospitals one morning last summer to see the superintendent on business, and found her so nervous and excited that I enquired the cause. She exclaimed: "It is just terrible, doctor, I can hardly tell you, but Prof. Fizz is going to do a gastro-enterostomy upon a poor little woman this morning and I just know she will die." This professor, who was an internal medicine man, was suffering with an illusion that one

day he would be a great surgeon. It seems that he had operated upon thirty dogs during the last few weeks, and the last two dogs lived, so he was about to astonish the surgical world with a new method of doing this operation. His previous record had been nine operations with nine deaths, but as he was of an optimistic disposition he knew that he had solved the problem when the two dogs lived. Her fears were realized—the tenth case died—and the professor is still carving dogs to discover other startling surgical innovations. Oh yes; the average standing of the individual that belongs to the various hospital cliques is very high, and is only equalled by those physicians who are confined to some of our insane asylums.

If I should write the record of operations that have been done by medical men whom nature evidently intended for a seamstress, but who have the "obcesion" that they are about the greatest thing that ever happened in the surgical world, I would open a chamber of horrors that had better remain closed.

The conclusions from all of my observations of hospital clinics are simply these, that because a medical man happens to be a member of a hospital staff is no assurance to the public or the profession that he knows enough to get in out of the rain. Second, the hospital is considered a legitimate field for experiments. Third, that a position upon a hospital staff removes the natural sympathy that should exist between physician and patient. Fourth, that no patients have any assurance that some experiment will not be tried upon them when they enter a hospital. Fifth, no responsibility rests upon the surgeon, as all deaths are credited to the institution and not to the operator in the minds of the patient and their friends.

ACCESSORY GRAFT.

It was not to be wondered at that all of the graft should be left to the surgeon, and did not take the interne long before he found a legitimate source of revenue, as the numerous laparotomies required some support after leaving the hospital, and the manufacturer found a handy agent in the interne to dispose of his goods. A commission of fifty per cent soon compelled all of the patients to fit themselves out with an elastic abdominal bandage, which was so worthless that most of them had to be thrown away after a few weeks; or by notifying the artificial leg man, after some patient had been trimmed, the interne was sure of a good commission. The discovery of the X-ray and its value in disease was seized with avidity by the surgeon and a deliberate attempt made to discredit it in the minds of the profession. He had possession of the columns of the journals, and when the very favorable reports began to appear, and cases of cancer were cured in large numbers, "even his own cases," he immediately seized the dangerous competitor and put his office girl to work, and later the interne at the hospital to giving X-ray treatments, purposely choosing the most hopeless cases he could find, and soon we were treated to long, learned articles completely discrediting its use in cancer, reporting failures by the hundreds. As one honest but blundering Dutch surgeon told me while commenting upon a mutual case. "Doctor, it is remarkable that Mrs. B. recovered under the X-ray. When I did the last operation (she had six operations) and the extensive reoccurrence occurred I did not think she would live six weeks. I saw her this week and she looked perfectly well; it must be a good thing." Then, as an after thought, he remarked: "You fellows must not expect we are going to send those cases to you as we shall continue to operate upon them." And they are still operating, and will until the general practitioner awakens from his hypnotic sleep and realizes that surgery has always been an experiment in cancer, so unsatisfactory that many of our

honest and conscientious surgeons will not operate upon a case under any consideration. Still the journals are manipulated in such a way as to give the greatest hope to both physician and patient, the average of cures being from 18 to 85 per cent, according to the degree of "conservatism" the surgeon is suffering from. To illustrate the stupendous ignorance of some of these dog surgeons: I was asked to discuss a paper upon the X-ray treatment of cancer as given by one of these fellows. I agreed to do so providing that I be allowed the privilege of reading his paper beforehand. I was astonished with the remarkable results he obtained in the first four cases, as well as the absolute failure in about ninety-six cases, and asked permission to investigate his technic. I saw twenty patients treated by the office girl and ascertained the fact that she had been using the tube, so that the current was going through it backwards, and had been doing so ever since a new tube had been purchased six months before. No X-ray was obtained from the tube, consequently none of the patients had ever received X-ray treatment. I suggested that he drop his paper before the society or I might make his head ache. This fellow was almost as bright as a surgeon in a smaller town who purchased an apparatus and received with it by the dishonest manufacturer, a Geisler tube which he used with great satisfaction to himself and presumably his patients for nineteen months. This fellow saw gallstones, kidney stones, appendicitis, abscesses of the ovaries, etc., etc. It is wonderful what a vivid imagination can see when backed with an itching palm. So insidious and subtle has been this abuse that one of the most useful therapeutic agents has been well nigh discredited with the general practitioner, and like thousands of other useful remedial agents, will bear upon its tomb the inscription, "killed by ignorance."

Few practitioners would feel like invading and taking charge of a large electric plant without a very careful preparation; still none of them fear to take charge of an X-ray plant with little or no instructions, and attempt to use it therapeutically, and of the two the electric light plant is by far the least dangerous, as it is built as nearly as possible "fool-proof;" but not so with the X-ray outfit. It seems so tame and submissive that before anyone realizes the danger, irreparable harm has been done. The prospects of numerous large verdicts in the near future may have an educational value not contemplated in the original purchase. A patient showed me a bill where she had paid one hospital, at a surgeon's suggestion, for sixty-three X-ray treatments at $3.00 a treatment, and they were all given within three weeks, or on an average of three a day, the duration of each treatment being fifteen minutes; yet she had not the slightest evidence of ever having received any X-ray treatment. The absolute impossibility of organic tissue absorbing so much ray led me to investigate, and I noticed that the tube was used below the Crook's vacuum, one that absolutely did not give out any ray, and by questioning the operator ascertained that it was being used by the surgeon's orders to satisfy the patient and her friends. It might be of interest to state that the patient actually was cured later by the X-ray treatment and was not swindled while taking it.

The discovery of the marvelous therapeutic properties of the X-ray compelled attention and the desire of possession grew in many surgeons' breasts, and they began to look around for some way to get a machine without paying for it, and as usual an opportunity presented itself by some of their well-to-do patients presenting themselves with an inoperable cancer whom they encouraged to believe that the X-ray might do them good if it was carefully given, and at the same time expressing regret that he

had no apparatus so that he could do the work himself to watch that no harm came to the patient. Of course the patient "bit like a bass," and offered to buy a machine for the surgeon's use; but not wishing to be outdone in magnanimity the surgeon agrees to take the machine for services rendered. Thousands of machines were sold under these conditions and in many instances the patients died before the machine was installed, which did not prevent the surgeons from standing in with the manufacturer, so that when the machine was taken back it was at a suitable discount. A good business arrangement was made between one company and an enterprising surgeon so that the same machine was used to sing the "swan song" at the death of numerous patients. Those "valuable" services, however, were given not by the surgeon, but by the office girl or some foolish young physician who was playing the subordinate part as assistant.

The assistant's graft was one of the best paying propositions in medicine. The immense number of fledglings who had the surgical itch and lacked the nerve to tackle the game were soon willing to pay every cent they could beg, borrow or steal to become the assistant of some of our great men. These individuals soon saw the power of attraction and boosted their prices all the way from $100.00 to $500.00 for a term of six months or a year. It is probable that in this they were well within their rights; therefore we will not give specific instances of the abuse.

(To be Continued.)

Socrates used true philosophy as well as deep piety in the prayer, "Ye Gods, give me the inner beauties of the soul."

The secret in success is to do all you can without thought of fame.—Addison.

LA GRIPPE

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

With the mild and damp winter just past, there have been many bad cases of la grippe and pneumonia, and a few cases of which have proved fatal, especially with the old and infirm. With the many cases we have found some that are without doubt the real imported influenza. It resembles a bad cold to some extent, and yet it is more severe and will exhibit many peculiarities. In all cases there is more or less fever; in some cases the temperature reaching 105°. In some cases the irritation of the stomach is the most troublesome feature, while in others it may be the throat, lungs or bowels. In nearly all cases the patient's eyes are red and swollen, with photophobia. The head aches from front to occiput. I have met with several cases where the irritation of the stomach produced pain, cramping and obstinate vomiting. Here we will notice the narrow tongue with red tip and edges, and should receive our first attention, as it will be impossible to get desirable results from our medicines until the stomach is in condition to receive and handle them. For this condition, I have found aconite with small portions of ipecac or bismuth, with a small amount of rhubarb, to check the nausea and relieve the pain.

In some instances the diseased condition is ushered in with a severe chill, while in others the first bad feeling noticed is the severe headache. In these cases that begin with a chill, the fever following runs very high, and in some few cases there has been delirium. It appears to be self-limited in its action, and runs its course from four to eight days. The only fatal cases reported so far are those that develop a pneumonia, and are treated with quinine and opium.

No stereotyped treatment will answer in this disease; each case should be treated according to the pathological

conditions as made known by the symptoms. Should we observe the broad, thick, heavily-coated tongue we are then sure of an atonic condition of the stomach with accumulations that should be removed, and a saline cathartic will do much good; while with the above mentioned narrow, red tongue, cathartics of any kind are contra-indicated and should not be given. For the headache gelsemium seems to be the remedy. The muscular pains are nicely handled by small doses of macrotys, or in some instances by bryonia. The swelling and burning pains about the eyes with the great intolerance to light, will yield nicely to apis, rhus, belladonna or euphrasia.

In cases where the fever is very high and did not yield to aconite or veratrum, I have given a few five-grain doses of antipyrin, after which the milder sedatives held the temperature to near the normal. Should there be a pneumonia developed I would treat it with the indicated remedies of which bryonia would take a very prominent position.

In the treatment of influenza I regard the lesion of the circulation as being of primary importance, and should the muscular pains be severe I would have the indicated remedy given in alternation with the sedatives; or if the head troubles was the most troublesome feature, I would give its indicated remedy; and leave the muscular trouble as an after consideration. The mixing of half a dozen remedies is to be condemned, as no one knows what change or modifications may take place from the indiscriminate mixing. I have no use for quinine nor any of the preparations of opium in these disease, or any of their complications, and think that my patients get along better without these drugs. I believe, under the proper treatment that the mortality should fall below one-fourth of one per cent.

Our friends who are prescribing quinine in the most outrageous doses for this disease with morphine or Dover's powder to produce sleep, or allay nervous irritation, are losing many patients. The Cincinnati Enquirer says that Dr. Pendercast prescribes as a cure for influenza, "quinine in two ounce doses every four or five hours." Two ounces of quinine would fill a pint cup. Six pints of quinine in a day—"gee whiz!" Three pecks to be taken in a week provided the patient has a patent leather stomach or does not go to glory before the week is up.

DISEASES OF THE HEART

By Edward C. Rothrock, M. D., Palestine, Texas.

HYPERTROPHY AND DILATATION.

Hypertrophy and dilatation are more frequent than any other cardiac troubles. The term hypertrophy is an abnormal growth, an increase of the fibrous substance of the heart, a thickening of the walls, the capacity of the organ is diminished. In this case it is termed concentric hypertrophy. Another form where the muscle is increased in thickness, and the inner cavity is enlarged, termed eccentric hypertrophy. Frequently only one-half of the organ is enlarged, or dilated. If the left ventricle is hypertrophied the heart will be longer, reaching further down the left thorax, but if there is eccentric hypertrophy of the right ventricle, the heart will be broader, extending further over into the right thorax. Hypertrophy and dilatation may exist separately or together. Enlargement of the substance of the heart may occur without any increase in the size of its cavities or dilatation may accompany the excessive growth. Hypertrophy of the left side is more frequent; the auricles rarely participate in the abnormal condition. This disease is often caused by excessive accumulation of blood in the cavities; result is frequently disease of

the semilunar valves or diminished condition of the ventricular outlets, with increased muscular action as a consequence of such obstruction. In some cases, when the patient is quiet, very little unnatural action will be observed in the heart's contraction. But if there be great obstruction in the outlets of the ventricles there will be a labored and tumultuous action. The blood will be thrown with great force to different parts of the system, and produce, if obstruction is in the left side of the heart, a strong, full and bounding pulse, headache, often bleeding from the nares, and if there exist a weakened condition of the cerebral vessels, sanguineous apoplexy may ensue. If the right ventricle is hypertrophied we have other symptoms. Dyspnea, pulmonary congestion, edema, blue appearance of lips and face, cyanosis, resulting from imperfect capillary circulation in the pulmonary tissues and oxygenation of the blood, diminished sound in movement of the heart, increased dullness over a larger space than usual; there will be dyspnea, palpitation at irregular periods, developed by slight causes, as indigestion, over-exertion or mental excitement. The patient is unable to take much exercise, especially of an active kind, ascending a hill or flight of stairs, etc. This may be the case at first, but upon exercise may subside. I have seen several cases where the heart was enlarged without any other evidence of disease. But usually the symptoms mentioned will be present. In young persons a deformity often exists by projection of ribs and sternum beyond their natural line. Often severe cutting and shooting pains, reflected into left arm, similar to angina-pectoris, with a sensation of weight and unnatural oppression in region of the heart and epigastrium. In the early periods the pulse is full, strong, sometimes "soft and strong," dizziness, vertigo, or sudden severe paroxysms of headache, with ringing in the ears, flushed and often a swollen condition of the face, suffused and prominent state of the eyes, and often nose bleed. In advanced stages there is a feeling of drowsiness and stupor, which may terminate in apoplexy. The lungs become implicated, pulmonary congestion, emphysema apt to take place, edema of the lungs by serous effusion into cellular substance of the lungs, into the pleural sack in some cases. Other organs of necessity participate in the abnormal condition of the great central and vital organ. Hence we find congestion of the stomach and liver, often of the bowels, and torper of the kidneys. The urinary secretions become scant and highly colored, skin dry, and towards evening above the natural temperature. Dilatation is the most important of diseases of the heart, as most of the other affections are dangerous only when complicated with it. The prognosis is favorable according to the amount of hypertrophy that accompanies it. It is more favorable if the left side is affected.

Indications for Treatment: Ascertain and if possible remove the cause. Attention must be given to the eliminating organs. Attention to the organs of nutrition, to diet, which should be fluid. Watch carefully the action of the heart; it may be necessary to stimulate the muscular coat of the organ. It may be necessary to stimulate or sedate the circulation or functions of the nervous centers. If there is much pain inhalation of four or five drops every few minutes, of nitrite amyle is efficient, and cereus grandiflorus, fluid extract, 20 drops given every one-half hour until pain is relieved. If there is obstruction of the portal circulation, two to four drops of nux vom. should be given three times a day. Bryonia, fluid extract, four or five drops could alternate with cereus grandiflorus, which is prompt to control pain and palpitation. If there is valvular deficiency, arsenic—Fowler's solu-

tion—two to four drops every three hours will tone up the heart and has done good work for me. Collinsonia is also a good remedy, 20 drops, fluid extract, every three hours. If the disease is connected with rheumatism that will have to be treated. If hypertrophy and dilatation is caused by aortic constriction or mitral insufficiency use digitalis, fluid extract, 5 to 10 drops, which acts promptly and effectually, or adonis vernalis is a good remedy and not only a heart tonic but a good diuretic—one-third gr. every four hours. If kidneys are torpid I find that carbonate and benzoate of lithium will meet this condition.

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

LARYNGEAL DIPHTHERIA OR MEMBRANOUS CROUP.

There seems to be quite an interest manifest in certain sections as to the identity of diphtheria and membranous croup. Clinically the two maladies seem to be the same. Bacteriologically they differ. In proof of these facts we cite some standard authority on the subject. Dr. W. C. Abbott in "Clinical Medicine," March, 1907, says in regard to croup and diphtheria: "The latter is most distinctly a profound systemic toxemia—the former is practically a localized disorder. The points of resemblance are: Both diseases affect the mucosa in each case. Here, however, similarity ceases. In diphtheria we have all the primary evidence of germ invasion, headache, lassitude and marked rise in temperature. The Klebs-Loeffler bacillus is easily demonstrated to be present; in most cases the patellar reflex is lost (early evidence of profound toxemia); albuminuria occurs in a large per cent of cases. Moreover the exudate in diphtheria is quite different from that which exists in pseudo-menbranous croup; in diphtheria, at first, a thin, whitish pellicle appears upon the fauces and tonsils, but this soon changes and becomes thick and firmly adherent to underlying tissues. Fully developed, the membrane resembles nothing so much as a piece of wet wash-leather. The odor is characteristic. In membranous croup the membrane is not adherent; there is no bleeding of underlying mucosa when it is removed; there is no odor and the high fever, lost reflexes and other signs of systemic infection are absent. In the later stages of membranous croup there may be more or less paralysis, but this is caused by deoxygenation of the blood, and other evidences of suffocation are apparent. In diphtheria the infection and systemic toxemia are produced by a definite micro-organism which is not present in other diseases. It is possible for the Klebs-Loeffler bacillus to be present in the respiratory tract of patients suffering with membranous croup, but the germ is inactive—an alien. In every case of diphtheria the Klebs-Loeffler bacilli swarm and propogate, evolving the toxin, which like serpent venom, destroys human life by disorganizing the blood and paralizing the nervous system. The membranous croup patient, if he dies, dies within three days, from respiratory failure, due generally to congestive involvement of the more important organs. Simple membranous sore throat and ulcerative tonsilitis may be classed as diphtheria, but the membrane here is easily washed away and wiped off; does not leave a bleeding surface (ulcers sometimes exist) and the Klebs-Loeffler bacillus is absent from discharges.

"Finally, croup is an idiopathic disease; diphtheria does not, cannot arise spontaneously. Croup is not con-

tagious; diphtheria is preeminently so. Croup is primarily an affection of the larynx; diphtheria generally affects the pharynx. The two diseases present entirely different symptoms and the croup patient never suffers from paralytic sequelae."

This same discussion will be continued in next month's Recorder and the other side of the question shown.

From Sajous' Cyclopedia, 3d Edition We Find the Following:

DIPHTHERIA.	MEMBRANOUS CROUP.
1.	1.
Greatest liability first to fifth year.	In early years.
2.	2.
Membrane attached firmly to tissue and not easily rubbed off.	Membrane easily rubbed off and does not leave bleeding surface.
3.	3.
If membrane be removed it leaves a bleeding surface.	Does not leave a bleeding surface.
4.	4.
If removed, membrane is rapidly replaced in even greater amounts.	Membrane does not recur when removed.
5.	5.
Discharge from nose, thin, irritating, often bloody, and produces eczema of upper lip.	Nasal discharge not so common and is simple muco-purulent.
6.	6.
Onset gradual; temperature low at the beginning.	Onset more sudden; temperature higher.
7.	7.
Constitutional depression is very marked.	Constitutional depression in proportion to temperature.
8.	8.
Course usually five days.	Course three or four days.
9.	9.
Albumen common.	Albumen absent.
10.	10.
Paralysis common.	Paralysis not common.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

INTRA-UTERINE MEDICATION

In the treatment of diseases of women intra-uterine medication is of much value and should not be neglected by any general practitioner or gynecologist if he wishes to cure without using the knife for most everything. In my opinion the knife is used entirely too often in the treatment of diseases of women as well as most everything else. Dr. C. Woodward, of Chicago, is the author of a book, "Intra-Uterine Medication," and is an authority on the subject as he has had thirty years' experience in this method of treatment. Dr. Woodward's method of intra-uterine medication is somewhat different to all other methods and is best. In giving intra-uterine treatment, Dr. Woodward uses Hale's vaginal speculum because when it is inserted in the vagina any vessel like a teacup can be placed under the outer edge to catch the returning solution that is washed out of the uterus. When the cup is full it can be emptied and replaced as long as the uterus is washed out. The other instruments that Dr. Woodward uses are a return douche and small forceps of his own invention which are manufactured by Truax, Greene & Co., Chicago. If anyone has these instruments he is prepared to give uterine treatment. Dr. Woodward has invented four instruments for giving intra-uterine treatment but only two of them are necessary to successfully practice his methods; one is a small pair of uterine dressing forceps with a greater curve than any other on the market, and the other a small return douche which is different from any other on the market. Without proper instruments, twenty-five years ago, it would take thirty to forty-five minutes to give the treatment, but now with the above instruments it takes only fifteen minutes. The treatment should always be given by the physician, so Dr. Woodward claims, and never by a nurse. There is plenty of material in all localities for specialty work in gynecology and it pays better than doing a general practice. Any physician can practice this method in connection with his general practice and put in many idle hours treating women, thereby adding to his pocketbook and reputation. There is no other treatment that has any comparison to this method for the change of life and miscarriages. Dr. Woodward claims that ninety-five per cent of women who complain of pain in the ovaries that the trouble is in the uterus, either inflammation or retained decomposed blood which the washing-out relieves.

The washing out of the uterus every forty-eight hours is far superior to any other treatment, for all cases of miscarriage that occur before two months' gestation. Dr. Woodward says: "If you are called to treat a woman suffering from the menopause wash out her uterus once every two or three days, the first wash-out to be within three to five days after she has stopped flowing; give her no internal medicines and see what praise she will give you.

"Suppose a woman begins to menstruate and contracts a cold which stops her flow; wash out her uterus and note the immediate relief."

Dr. Woodward claims that water never passes through the fallopian tubes. As the capacity of the uterus does not exceed from three to five drachms the interrupted stream is far superior to uninterrupted stream and

is the only one that should ever be used in intra-uterine treatment. When the interrupted stream is used there is no danger of producing uterine colic if the operator is careful. This method of intra-uterine medication does away with the curette in many instances and is much better as it is a well known fact that in many cases if the uterus is curetted it will become necessary to repeat it every year. A two to fifty per cent solution of hydrogen peroxide is one of the main remedies used in washing out the uterus. It is no doubt the best remedy that can be used for washing out the uterus when there is decomposed blood left in the organ, which is the case in many instances. Dr. Woodward says: "The physician who for the first time washes out the uterus of a woman during the menopause and particularly within three or five days after a flow, would be astonished if he uses peroxide, to see the amount of septic material that the uterus contains, and still more surprised to hear the woman announce the wonderful relief that she has immediately received."

It is stated that atrophy begins in the cervix earlier than with the body of the uterus, which has a tendency to prevent drainage.

Dr. Nathan L. Allen, of Boston, Mass., wrote several years ago that with the use of a faradic battery with a slow interrupter and by placing one pole with the uterine cup electrode against the cervix and the other pole on the abdomen over the fundus, he could cause contractions of the sluggish uterus which would displace the accumulated thick sanguineous waste or decomposing blood. I will quote a few lines of his article to show the influence that he obtained:

"I find the nervous condition improves rapidy, the headache ceases, the other symptoms subside and my patient's condition is very much improved. Had this been allowed to remain it would produce a low form of septicemia which might be the cause of rheumatism, neuralgia and kindred other affections which at this time are so prevalent.

First: I have found that in a majority of women at the menopause age the uterus has lost its power of contraction as the result of frequent attacks of inflammation and serous infiltration.

Second: That this atonic condition of the muscular fibers makes it impossible for the uterus to displace the retained blood and waste before they decompose.

Third: That the atrophic process begins in the cervix earlier than in the body of the uterus which prevents drainage.

Fourth: That the decaying blood causes local and reflex irritation.

Fifth: That the contact of the putrid material with an inflamed endometrium causes ulceration.

Sixth: That the ulceration extends to the uterine vessel, causing menorrhagia and metorrhagia.

Seventh: That in the attempt to displace the putrid irritant from the uterus it is absorbed by the system.

Eighth: That when entering the blood this putrescent material is the cause of symptoms which are unmistakably those of modified septicemia.

Ninth: That the displacement of the decomposing substance from the uterus by frequent injections of peroxide have proved these declarations beyond a doubt."

If intra-uterine medication were better known much more good would be accomplished in diseases of women.

John Albert Burnett, M. D.
Dean Spring, Arkansas.

I have before me a manufacturer's catalog that names more than three thousand drug preparations to be put into other people's stomachs by doctors. Swayze, Med. Times.

THE EARLY TREATMENT OF TUBERCULOSIS

In this matter we all recognize the value of prevention, but that is largely beyond our control. However, some of the legislatures are taking steps to better the sanitary conditions of shops and factories and we shall hope there may be some fruition along this line.

If we are painstaking in our diagnosis we may usually be able to recognize tuberculosis in its incipiency, or rather the condition that will soon lead to bacillary invasion. The first evidences of tuberculosis is a decreased leucocytosis and a perverted metabolism. It is at this stage that our therapeutic measures are of the greatest avail. The treatment is obvious. Improve nutrition and metabolism. Increase phagocytic action. What will do this? Climate is the least essential thing, although pure air is the greatest desideratum. The patient should take the most nutritious of foods; among these we may name milk, eggs, oysters, butter, olive oil and a modicum of fruits and vegetables. Such remedies as favor secretion and elimination should be employed, or digestion and assimilation become impaired.

Such remedies as affect cell nutrition and improve metabolism, if clearly indicated, may be very serviceable. One of the best that I have tried is nuclein when given early and persistently. The triple arsenates are also of great value. Good food and hygiene together with reconstructive tonics will effect a cure in many cases that would go on to a fatal termination. In order to do so treatment must be thorough and instituted early.

W. T. Marrs, M. D.

Peoria Heights, Illinois.

Babinski presented a case of chorea cured by injections of scopolamine hydrobromate.—La Clinique.

WHAT OTHERS SAY

Theopold speaks highly of calomel as an antiseptic in surgical and obstetric practice.—Medical Record.

Today we are becoming victims of too much science and too little art in medicine.—Beverly Robinson, Mo. Cyclopedia.

Discussion of Malcolm's paper on "Shock," showed that he stood almost alone in opposing Crile's views.—Med-Record.

Diphtheria antitoxin is frequently of the greatest use in clearing up cases of post-scarlatinal rhinorrhea. — Young, Practitioner.

Albert S. Ashmead says that it is air exposure and not sunlight that increases the microbicidal power of blood serum. —Amer. Med.

Country physicians are apt to underestimate their own abilities and opportunities for observation.—Western Medical Review.

For carbuncles, Prof. Shoemaker advises strychnine, quinine, calx sulphurata, iron pyrophos., and salicin.—Medical Bulletin.

For diarrhoea immediately after eating, Osler corrects diet, orders one hour's rest, and gives bismuth or napthaline.—Med. Times.

Anatomy? Botany? Nonsense! Young man, all this is stuff; you must go to the bedside: it is there alone you can learn disease.—Sydenham.

It is very difficult to understand how local astringents are to act in hemorrhage from the lungs unless they are swallowed the wrong way.—Hichens, Practitioner.

Scarlet Fever. Threatened convulsions, even undue restlessness and irritability, need veratrine rapidly pushed to nausea or soft pulse.—Abbott, Medical Times.

Vascular constringents raise the blood pressure in the lungs without any compensating constricting of the vessels.—Hichens, Practitioner.

The substitution of hyoscine for scopolamine has robbed this anesthetic of its dangerous properties.—Smith, Calif. Med. and Surg. Reporter.

While adrenalin powerfully constricts the peripheral blood vessels it causes hardly an appreciable effect on the vessels of the lungs.—Hichens.

For acne Shoemaker prescribed strychnine, arsenic, hydrochloric acid and pepsin internally, with sulphur and creosote locally.—Med. Bulletin.

The new anesthetic, morphine, hyoscine and cactin is being used quite extensively in Kansas City. It has worked admirably.—The Med. Forum.

Hemorrhagic phthisics cannot bear creosote, guaiacol, quinine, hypophosphites, antiseptic inhalations or even cod-liver oil.—Dholakia, Pr. Med.

In many throat affections, particularly in rheumatics, I have had excellent results from salophen, also in influenzal sore-throat.—Young, Prac.

Preventive medicine at the highest development will not deliver the world from amounts of morbidity, but from kinds of morbidity.—Md. Med. Jour.

Small vessels are contracted by hydrastine, which is useful in many forms of sweating from debility and leaky skin.—Abbott, Toledo M. and S. Rep.

Digitalin very rarely disturbs the stomach and it does tone up the heart. Nitro-glycerin seems to counteract some undesirable effects.—Strong, Med. Her.

The most successful physicians are those who have the most intimate knowledge of the physiologic action of remedies.—A. H. Bampton, Brit. Med. Jour.

Puerperal Sepsis. No treatment can be successful unless based on a diagnosis of the condition that confronts the physician.—Brickner, Am. Jour. Surg.

Hemoptysis. Vascular constringents, ergot, suprarenal extracts, digitalis, it is very difficult to see how they can do aught but harm.—Hichens, Practitioner.

Scarlet Fever. For dropsy or convulsions late in the case, give enough pilocarpine, hypodermically, to cause free sweating.—Abbott, Medical Times.

To call a man a liar because he chances to advocate something different, is execrable manners and a sure evidence of lack of self-poise.—Albright's Office Pract.

Lowy found that at the ordinary room temperatures infusion of digitalis lost about one-half its original efficiency within twenty-four hours.—Medical Record.

Scarlet Fever. Radiation from the skin is so great that absorption of liquids from the bowels with toxins is especially active in this malady.—Abbott, Medical Times.

"Patients calmly seeing themselves sliced, after the administration of a strange, new anesthetic," is the agreeable announcements made in the lay press.—Med. Times.

Scarlet Fever. Veratrin is a powerful good, the safest of powerful remedies. It is the great eliminant and really aids the heart by relaxing vascular tension.—Abbott, Med. Times.

Von Ramdohr used cotarnine phtalate in menorrhagia from uterine fibroids and following abortion with success, but failed in one case of metrorrhagia from subinvolution.—N. Y. Medical Journal.

If the heart seems weak give digitalin. Why anybody of common sense at all should talk of giving the nauseous infusion of digitalis when the stomach is irritable from pregnancy and very likely congested from the effects of the heart lesion, is more than I can see.—Mary Strong, Med. Herald.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

CHRONIC CONSTIPATION.

Chronic constipation is one of the commonest ailments and one of the most difficult to combat. Usually too much reliance is placed into drugs both by patient and physician. Often simple means will succeed where medicines have utterly failed. The writer recalls an instructive case he saw a number of years ago. A young woman giving a history of the most obstinate constipation since early childhood, had taken every possible medicine, consulted every physician within reach, subjected herself to every variety of dietary regimen, all to no lasting benefit. Massage, kneading the abdomen, did some good and I was about to turn her over to an osteopath to have such treatment systematically given, when in conversation I learned that the girl almost never drank water. Then I directed her to drink water freely, not at her own pleasure in a haphazard way, but in large quantities at regular intervals like medicine. Her constipation yielded. That was a useful lesson. I have since applied the same remedy frequently, generally with good results.

In the constipation of infants careful regulation of diet is of course of paramount importance. An increase in the amounts of fat taken is often the only thing necessary. In addition, gentle stroking or kneading of the abdomen is helpful. This can be done by mother or nurse and must always follow the course of the large intestine, from the right groin upwards, then across and again downwards to the left groin.

In chronic constipation of adults electricity does often good service. A rectal electrode, attached to the positive pole is introduced into the rectum, while a large pad connected with the negative pole is placed over the abdomen. A galvanic current of ten to fifteen milliamperes, applied for ten minutes, will frequently cause the patient's bowels to move before he leaves the office and fifteen or twenty treatments complete the cure.

Internal hemorrhoids are easily and radically cured by means of the electric needle attached to the positive pole. Cocaine should be used, either by cataphoresis or hypodermic injection, for otherwise the procedure is painful. The patient is placed in the Sims' position and the pile tumor exposed. A small platinum or cambric needle, insulated to about one-fourth of an inch of its point, is thrust into the hemorrhoid and ten to twenty milliamperes of galvanic current turned on for ten or fifteen minutes. The tumor becomes blanched and no bleeding follows when the needle is withdrawn. One puncture is usually sufficient for each tumor and quite a number may be treated at one sitting. Occasionally more or less pain follows, when it may become advisable to use anodyne suppositories. After treatment consists in bathing with antiseptic lotions. The method is simple, safe and effective.

HEMATOGENOUS AND NEPHRITIC ALBUMINURIA.

It is no longer a matter of doubt among physicians, especially examiners for life insurance, that there is a form of albuminuria which is not indicative of kidney lesion and therefore harmless. It is variously designated as "physiological," "functional," "adolescent," "intermittent," etc, the very multiplicity of names indicating ignorance of the true character of the phenomenon.

Recently the noted investigator, Prof. A. E. Wright, of London, has furnished not only a sufficient explanation, but also a ready and practical means of distinguishing when an albuminuria is of the harmful or harmless type.

He found that persons whose blood is deficient in coagulability present temporary albumen in their urine. A certain relation exists, apparently, between this form of albuminuria and the amount of calcium salts present in the system. The coagulability of the blood is increased by the administration of calcium salts by mouth. During a period of rapid growth calcium salts are in great demand for the formation of bone. Hence results a deficiency of them in general circulation, followed by loss of coagulability of the blood, followed by albuminuria. Thus the albuminuria of adolescence is accounted for. Another factor in the causation of the harmless form of albuminuria is variation in vascular tension, dilatation of the renal arteries and increased pressure in the capillaries, following upon physical exercise or nervous disturbance. The microscope proves that this form of albuminuria is not dependent upon kidney lesion, as no renal elements can be discovered in the urinary sediments. Hence it would be proper to speak of a hematogenous in distinction from nephritic albuminuria.

The practical point is that when calcium lactate is given to persons afflicted with this harmless albuminuria the albumin disappears from the urine. Wright and others have made numerous investigations with the invariable result that when the albuminuria was of nephritic origin, as proven by other means, the albumin persisted, but disappeared when there was no disease of the kidney.

The test may be applied as follows: When albumin is found upon the examination of an applicant, he is directed to take one gramme of calcium lactate at bedtime the same evening and again two days later and to submit a specimen of his urine passed about noon on the day following the second dose. Rest, a milk diet and a saline laxative may aid, but the calcium salt acts effectually without them. If the albumin is no longer found in the urine it was probably hematogenous in origin. If it persists the albumin is probably due to kidney lesion.

THE HEALTH OF SCHOOL CHILDREN.

It is often thought that the problem of the health of school children concerns almost only the large cities, but that is a narrow and dangerous view. It is true that life in the country offers certain correctives, but school courses have been made fairly uniform throughout city and country and educational demands become so equally strenuous everywhere that the evil results appear equally everywhere. That the evil is not confined to one country, but is nearly universal, is attested by the warnings given by the physicians of various countries, France, England, Germany and America.

The ill-effects from the educational strain upon the health of the children are manifested chiefly in the sphere of the nervous system, because these nervous systems have been made to work too hard. Careful studies of fatigue in school children show that attention can be given to a study for a much shorter time than the usual lesson periods. Little children become restless and fatigued after about ten minutes' application, while those in the upper grades are fatigued by steady work for half an hour. Obviously the lesson periods in all our schools should be shortened and alternation of work, mental and physical, should be frequent. If the periods are too long, the child becomes overtired or the tired mind wanders and the child gets into bad mental habits. One of the chief aims of schooling is to develop the power of concentration. Five minutes of concentrated thought are more valu-

able than half an hour of mind-wandering. Smaller classes, shorter hours of schooling and longer hours of outdoor games and play will produce better results among all the younger school children. Mathematics, in the form of arithmetic, are given too much predominance in our ordinary American schools. Oppenheim, a leading neurologist, says: "One must keep in mind that the faculty which governs mathematical computation is located among the higher centers in the cerebrum; that this part of the brain is among the latest to obtain maturity; that, therefore, in childhood it is in no condition to be put to a strain. Whenever a scholar at this age is forced into attempts to use this faculty a process similar to any other sort of exhaustive work results. One can the more easily understand the inevitable outcome from the knowledge of the fact that the nerve cells of children, being more or less in a state of unstable equilibrium, are easily exhausted. Thus such children receive no permanent value from studies in mathematics, simple though they be, and what is more, if these studies were not begun until greater maturity, not only would a vast amount of nervous wear and tear be saved, but also the children would learn as much in one year as they usually learn in five."

Should not our present methods of teaching be altered in conformity with the results of scientific investigation? Our profession is a unit on the proposition that nothing could be worse for girls than mental and nervous overpressure during the period of pubertal development. Nevertheless, right here prevailing systems of education sin most grievously with results well understood by every physician and which cannot fail to affect the vitality of our race.

Dr. Beverley Robinson says that the best agent in pneumonia is creosote

In the Journal of the Michigan State Medical Society for March, Dr. C. L. Girard contributes an interesting comparison of the old time and the modern physician. The following extracts will show his views of the difficulties under which the internist labors:

"The nihilism in therapeutics, openly avowed by the lights of the medical profession, has produced, first, indifference, and afterwards neglect."

"An earnest study of therapeutics, as founded upon serious physiological knowledge and the great principles of general pathology, is the remedy to be applied. Let the physician treat the condition of his patient, not the name of the disease. Eliminate the toxins, support a flagging heart, relieve an obstructed circulation, promote or retard metabolism my well known and long tried agents, and do not neglect little means, and you shall prove yourself to your patients, and your usefulness will compel respect."

The Medical Record quotes three reports on scopolamine anesthesia in obstetric practice. Gauss records one thousand cases the results of which make him an ardent advocate of the method. He says that the less favorable opinions of others are due to their defective technique or to the use of unreliable preparations. In his one thousand cases there was no death ascribable to the anesthesia. No bad effects as to duration of labor, post partum hemorrhage or the welfare of the infants.

Preller had one hundred and twenty cases of which in seventy-five per cent the anesthesia was successful, and in eighteen per cent satisfactory; in twelve per cent poor, the injections in the latter class having been made too late.

Penkert combines this method with spinal anesthesia and pronounces it the most human type of anesthesia for abdominal and gynecologic operations.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 APRIL, 1907 No. 4

SULPHUR IN MALARIA

The Medical Record quotes Deising, who directs attention to the value of sulphur as a prophylactic and cure in malaria. In South Africa the natives use sulphur fumigation. In other cases potassium sulphate is taken internally. In the cases he describes, the fever ceased within one day, and no parasites could be found in the blood. He attributes a part of the benefit to the profuse sweating induced. Another theory advanced, however, is that the sulphur unites the hemoglobin to the red cells so firmly that the malarial plasmodia fail to break up the union, and their development is thus prevented by their inability to secure the essential pigment. The action of sulphur in forming sulphomenthemoglobin is especially noted when this element is absorbed through the lungs in the form of sulphureted hydrogen or sulphur dioxide.

There may be truth in this hypothesis. We know there is truth in the other hypothesis, that insects like mosquitoes will not bite persons whose skins exhale the odor of sulphureted hydrogen. We know that this is true whether the calx sulphurata employed for the purpose is taken internally to saturation or is applied to the surface of the skin. We believe this is the preferable explanation: Firstly, because there is more proof of its correctness; and secondly, because the union of this element with the hemoglobin is a perilous expedient, and we canot believe that it could occur to a general extent, such as would be necessary to protect the red cells against the plasmodia, without imperiling the life of the patient.

In our own experiments we have noted that the addition of arsenic sulphide markedly enhanced the benefits derived from calx sulphurata, in the treatment of gonorrhea. Extended clinical observations with arsenic sulphide may show that this salt possesses remedial powers, as an intestinal and systemic germicide, greatly superior to the calcium salt. It may prove that the arsenic used with asserted success by Dr. Leach, as a prophylactic against yellow fever, was converted into a sulphide in the alimentary canal, and that the benefits were really due to arsenic sulphide.

TYPHOID FEVER

An interesting discussion on typhoid fever took place at the New York Academy of Medicine, February 21st. The entire discussion, published in the Medical Record for March 30, is well worth study. In this paper Dr. W. Coleman stated that investigation showed that

the bacilli passed from the bowel to the spleen, where they developed chiefly and from it invaded the blood. It is doubtful if the bacillus multiplies in the blood, but here the destruction of the bacilli proceeds most rapidly. He considers intestinal antisepsis irrational because the battle-ground has shifted from the intestine to the blood. However, the bacilli disappear from the blood about the time of defervescence.

Here we have the usual misconceptions and jumping at conclusions we have often deprecated. Dr. Coleman assumes that all the symptoms are directly due to the bacilli, and fails to take into account the action of micro-organisms in the alimentary canal, and the presence of putrefactive matter in direct contact with the inflamed and ulcerated intestinal tissues. He also ignores, as usual, the enormous improvement which follows when the bowels have been emptied and disinfected. We will forgive him, however, because he has shown of how little consequence is the presence of the typhoid bacteria in the blood, since here the natural forces of the body are amply able to dispose of the intruders.

From another quarter we have further evidence of the supreme importance of attention to the alimentary canal in this disease. The daily press informs us that a domestic has just been found in New York City, who, having had typhoid fever years ago, has disseminated this disease in every household which has since employed her. Intestinal antisepsis being ignored, the specific typhoid bacilli have reproduced in her bowels and carried disease and death to every family which admitted her.

ARSENIC IN YELLOW FEVER

In the Therapeutic Record for March Dr. R. B. Leach gives a remarkable statement as to the results following the use of arsenic as a prophylactic against yellow fever. He states that during the prevalence of this disease in New Orleans, in 1905, about 165,000 individuals received treatment. Out of these five persons were seized with yellow fever, none of whom died. He estimates the non-protected, non-immune citizens at 93,000, among whom there occurred 3,391 cases of yellow fever with 448 deaths. These figures are more than remarkable; they are astonishing—provided Dr. Leach can prove their truth. We have published in The Wisconsin Medical Recorder, in the past, several articles by Dr. Leach giving his views on this subject. This matter should receive careful investigation.

EDITORIAL NOTES

"Brain Storms" seem to be as popular now as "innocuous desuetude" was a few years ago.

The State Board Journal for February gives a number of examination questions, with replies.

The Indianapolis Star of March 3, says Mrs. Baldwin died from a toxic dose of "headache powder."

Fort Wayne forbids the distribution of medicine samples without a license approved by the board of health.

Amende warmly recommends applications of powdered sulphur mixed with water for the effects of poison ivy.

Dr. A. R. Robinson (Medical Record) reports a case of keratosis of palms and soles from the use of Fowler's solution.

There is a rapidly growing demand for greater accuracy in materia medica ad theraptutics, says the Charlotte Med. Journal.

Commenting on expert testimony Mr. Dooley asks: "What's th' diffrunce between that kind of ividence an' perjury?"

Dr. Earp says that pilocarpine is a good diaphoretic, but contraindicated in

cardiac dropsy because of its depressing the heart.

Salicylates take first place for simple, septic and follicular tonsillitis, but are to be avoided in diphtheria.—Young, Practitioner.

Whee! but the pure drug law is raising the dust. New York wholesale druggists refuse to handle proprietaries containing cocaine.

Harnsberger reports a metastatic abscess caused by intestinal intoxication and cured by emptying the colon.—Charlotte M. J.

Dr. Robinson undoubtedly proves that present methods of standardization are unreliable and inefficient.—Charlotte Med. Journal.

Dr. R. H. Babcock says that in influenza in the beginning it is well to clean out the bowels by the administration of a mercurial and saline.

We have no love for any prosecutor who fights to strike a woman lower and break her heart.—T. C. Minor, Lancet-Clinic. All say amen!

Practical Medicine, published in Delhi, says much of the success of the Hindoo physicians is due to their placing patients on low diet.

Dr. Geo. F. Butler says: "Isn't it better to clean out the ashes of the system, than to feed the patient on pepsin or other digestive ferments?"

In the Medical Times for March is a paper by Coomes, of Louisville, Ky., on "Esophageal Stricture," which is too good to lose. Send for a copy.

Quinine given in malaria with a rising temperature aggravates the condition, icreasing fever and nervous disturbances.—Buck, Charlotte M. J.

The Hot Springs Med. Journal intimates that the physicians there are about ready to lie down on the task of restraining the drumming doctors.

Be sincere ye Christian scientists. Die for your faith as I would for mine. If you do this, the worst the public can say is that you are fools.—Health.

Uterine Cancer. Telltale symptoms are, fitful hemorrhages closely following menopause, then profuse offensive discharges, often bloody.—Gaillard's.

The general attention being directed to vasomotor conditions, of late, encourages us in the belief that veratrine may be discovered before very long.

A writer in the Lancet estimates that the adoption of the metric system would save the children of the United Kingdom 200,000 hours' time a year.

Dr. Earp, in the Medical Monitor, says that sodium bromide is not always borne kindly. In old age there is always a possibility of arterio-sclerosis.

Long writes, in Pharm. Era, that belladonna raised in Texas proved richer in alkaloids the first year than ordinary specimens even if gathered the third year.

Scarlet Fever. Motor restlessness, muscular pains and backache are relieved by macrotin, gr. 1-6 every hour, for a child of six years.—Abbott, Medical Times.

The Cass Co., Ind., medical society has offered to pay for the wrappings used by druggists if the latter will quit wrapping doctors' prescriptions in patent medicine ads.

St. Joseph Gazette says that twenty-five Indianapolis pharmacies derive their main income from sales of drugs to two thousand cocaine and twenty thousand opium fiends in that city.

After painfully rising to my feet from taking a header, in chasing that rainbow of a sure cure for this and that a few times, it slowly dawned on me that possibly what was sauce for the goose was not always good sauce for the gander.—J. A. Corn, Medical Era.

Not only do the British colonies of America and some in Australasia calculate in American money but, in The Lancet we note a writer speaks of not realizing a "cent" for services.

Dr. R. T. Morris condemns the rubber glove for the operating surgeon and says in the Medical Record, "Let us not join with wars and epidemics in doing honor to the shades of Malthus."

Dr. M. Allen Starr reports two cases where a diagnosis of paresis had been made. In both cases, however, the symptoms were found to have been caused by the use of the bromides.

The patent nostrum men and their allies are pushing in the state legislature's bills copied after the national pure food law, to kill off the Ladies' Home Journal bill, which is more effective.

Keller suggests that intestinal paralysis, after abdominal sections, may possibly be due to an autointoxication. A cathartic brings away foul stools, with corresponding relief.—Medical Record.

Lewin gives the maximum dose of crystalized aconitine at gr. 1-134, atropine valerianate gr. 1-67, cicutine, gr. 3-67, pilocarpine salicylate gr. 1-3, digitoxin gr. 1-33, picrotoxin gr. 1-6.—British Medical Journal.

Having swallowed a contemporary recently, the Medical Mirror is in turn to disappear down the esophagus of the Medical Era. That's all right, provided we don't lose Baerens from the medical editors.

In one case rumination did not come if the patient took a remedy just after a meal, such as pot. brom., busmuth comp., aromatic ammonia, tr. gent. comp., or sodium bicarb.—Brockbank, British Medical Journal.

The New York State Medical Journal wastes two whole pages in endeavoring to prove that drugs alone should not be relied upon in the treatment of disease. For Heaven's sake, who says they should!

May it not be found that the active principles of drugs are akin to the hypothetical antibodies produced by cellular elements in disease for which the drugs have been found useful?—Bampton, B. M. J.

In the Medical Record, Dr. DeForest announces a case of inflammation of the thoracic duct, with suppuration. The malady followed ptomaine poisoning from shell fish, increased after eating cold storage duck.

The secret of success becomes as an open book, for antisepsis and realizes better than any other therapeutic measure, the desideratum so long sought, the jugulation of acute disease.—Brubaker, Medical Times.

In severe attacks of neuralgia of the head, and of sciatica, I sometimes add to my analgesic or antiseptic with salicin, a granule of hyoscyamine amorphous, gr. 1-250, until the gnaw of acute pain has slackened its bite.—Swayze, Med. Times.

Laufer says that in rheumatism, syphilis, and epilepsy, it is most important to continue medicines during the night, when they are most active, more rapidly absorbed and less quickly eliminated. Digitalis, slowly eliminated, should not be given at night.—Pract. Drug.

Since I comprehend that calomel in its place is valuable for its antisepsis, I obtained results from 1-10 or 1-6 of a grain at a dose. The handsome little tablets, the beautiful, tiny granules, are promptly discontinued after one or two days' service.—Swayze, Med. Times.

The University of Wisconsin proposes to establish a medical college at Madison. The first two years of the course will be at the University at Madison and the last two years, including clinical work, will be taken at other colleges in large cities, affording clinical material.

Loeffler (Dental Register) says "scopolamine and morphine has been disappointing," and that "morphine and atropine answer the purpose quite as well." Let us, in the gentlest manner possible, suggest that in both statements, he is absolutely and diametrically mistaken.

In Tyson's Practice of Medicine, speaking of gall stones, he says: "I have been in the habit of placing my patients between attacks on the succinate of sodium in doses of 5 grs., three times a day, and it has so happened that I have never met a recurrence in one of these cases."

Pneumonia. The gist of the whole thing is "local protection, elimination, forced defervescence, intestinal disinfection, systemic disinfection, and strong support of nature's fighting forces." When called early I have for ten years aborted pneumonia by the above treatment, or reduced its severity and saved my patient.—K. C., Med. Record.

Horowitz contributes to the Post-Graduate an elaborate paper on exophthalmic goiter, in which he comes to the conclusion that probably serum and surgery will replace other methods of treatment. As to the latter, his clincial observations have been too superficial to note the radical difference presented by cases in the early stages and after cardiac hypertrophy has passed its limit.

We have received the first number of the Journal of Ophthalmology and Oto-Laryngology, a new journal, edited by Doctors W. O. Nance and A. H. Andrews. The journal will be published monthly and each number will contain forty pages. The initial number contains original articles, society proceedings and abstracts and is well edited. The journal is published at 100 State street, Chicago, and the price is $2.00 per year.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, etc., etc. Fifth, Carefully Revised Edition. Illustrated with Twelve Original Full-page Chromo-lithographic Plates of Drawings and Paintings, Fifteen Full-page Half-tone Plates of Photographs made from Nature, and 157 Half-tone and Photo-engravings in the text. Complete in one Royal Octavo Volume of 467 pages. Extra Cloth, Beveled Edges. Price, $4.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This work is a practical treatise which every practitioner will find frequent use for. The fourth edition was enthusiastically received by the profession and was all sold in a year. The general practitioner who studies this work will be in position to successfully treat many cases, especially difficult cases, which he has been in the habit of sending to the gynecologist. An important part of the book is that devoted to the treatment of cancer by electro-chemical destruction, a method employed by Dr. Massey with marked success. In this edition the author has brought this subject up to date. The information presented on electro-therapeutics will be found very valuable by the practicing physician. Dr. Herman Grad of New

York City contributes a chapter on the Roentgen rays in diagnosis and therapeutics. The book is a finished piece of literary work by an authority on both gynecology and electro-therapeutics. The book is beautifully illustrated.

A Treatise on the Motor Apparatus of the Eyes. Embracing an Exposition of the Anomalies of the Ocular Adjustments and Their Treatment, with the Anatomy and Physiology of the Muscles and Their Accessories. By George T. Stevens, M. D., Ph. D. Illustrated with 184 Engravings, some in colors. 496 Pages, Royal Octavo. Bound in Extra Cloth, Bevelled Edges, $4.50 net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

One of the most important matters in the practice of medicine is the study of derangements of the motor apparatus of the eye. The subject is neglected by many practitioners but should be investigated and studied by all. We consider a good work on the subject a necessity in every medical library.

This work presents, in a systematic form, the principles governing the physiological actions and anomalous disturbances of the motor apparatus of the eyes; and whatever progress may be made in the future will not, it may confidently be asserted, supplant the general principles the author has so clearly, ably, and fully elucidated, but will undoubtedly serve to explain many questions thus far unanswerable.

In view of the fact that difficulties of adjustments of the eyes are a source of nervous trouble, and, more frequently than other conditions, constitute a neuropathic tendency, a knowledge of the principles of the adjustments of the eyes and their anomalies becomes of the greatest importance. This work supplies that knowledge in convenient and usable form for the general practitioner, neurologist and oculist.

The reputation of the author as one of the most original thinkers and foremost investigators in his profession, and one whose works have exerted a profound influence on the views, not only of oculists, but of practitioners in other branches of medicine, is well known.

The knowledge that he has for some years past been engaged in the preparation of a work of this kind has led to an urgent and very general demand that he give to the professional and scientific world, in the form of a volume, the essentials of the subject, which has for a number of years excited much interest in the medical profession, and bring his discoveries and views in concise and comprehensive form up to the present time.

Dr. Stevens's work is a systematic development of the subject of adjustments of the eyes. Commencing with the comparative anatomy of the motile apparatus as it is found in the lower animal classes, and passing to the anatomy of the muscular, vascular, and nervous apparatus engaged in the movements of human eyes, he advances from the physiology of adjustments to the subject of perspective and to the psychology of sight, and at length to the classes of anomalies as they arise from variations from normal types. From his unequaled experience he has evolved a rational and philosophic system of treatment. Thus is wrought into a continuous whole one of the most interesting as it is one of the most important of subjects in the science of medicine.

The author's familiarity with anatomical, craniological, physiological, and psychological investigations enables him to place his subject before the reader in a style as attractive as it is scholarly and scientific.

Every page is replete with important truths, a considerable proportion of which appear here for the first time, all

of which are stated with clearness, and many of which are presented in a form quite unique in medical literature. The work is the most comprehensive as well as the most original of any which have appeared on this subject.

It is profusely and elegantly illustrated in colors and in black and white, mostly from the author's own drawings and therefore nearly all original.

PRACTICAL DIETETICS. With reference to Diet in Disease, by Alida Frances Pattee, Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City; Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; St. Vincent de Paul Hospital, Brockville, Ontario, Canada. Fourth Edition; Cloth, 300 Pages. Price, $1.00 net; by Mail, $1.10. A. F. Pattee, Publisher, 52 West 39th St., New York.

We gave the first edition of this book favorable notice and we are now pleased to call attention to the fourth edition. The sale of three editions in a few years shows that the book has been appreciated. Every physician and nurse will find the book very useful. As a practical work in diet the physician will find the book valuable for frequent reference. The author has consulted with and received assistance and material from a number of the leading men of the medical profession. The War Department has purchased a supply of the books for use in the army hospitals.

The book is a treatise on foods and their proper preparation for the sick and convalescent, giving in detail the method of preparing and administering liquid, semi-liquid and solid food. It contains diet lists and what to avoid in various diseases; also proper diet for infants and children. The many recipes it contains will be found very valuable.

BOOK NOTES

What promises to be another of Everybody's notable series is begun in the April number under the title of "Romances of Success." James J. Hill is the hero of the first romance—a fascinating life-story of the man whose intelligence and driving power have lifted him to the pinnacle of railroad achievement. Carl Snyder goes to the bottom in a study of our daily railroad wreck horror, "The Growing Railway Death Roll: Who is Responsible?" The fiction in the April Everybody's, which includes the second instalment of Lloyd Osbourne's exciting serial, "The Adventurer," is of the sort that will be remembered. Vernon Howe Bailey continues his series of exquisite drawings of American cities, this time picturing New Orleans. "Master Artists of the Piano" is one of James Huneker's most brilliant and informing papers. "The Players" is as usual a splendid illustrated dramatic review.

Ray Stannard Baker, "the great reporter, begins his series on the negro in the April American Magazine. "Upon the ocean of antagonism between the white and negro races in this country there arises occasionally a wave, stormy in its appearance. Such a wave was the Atlanta riot," says Mr. Baker, who then proceeds to describe that spectacular disturbance and the disaster incident to its fury. Great full-page portraits of negro types—and a wonderful black mammy on the cover—illustrate the first article. The first authoritative and complete story of the Wright brothers, who after years of experimenting have made flying practicable, is told by Herbert N. Casson. Miss Tarbell continues her story of the tariff with an account of the commission of 1882 and of events in the time of Hayes and Garfield. Josephine Daskam Bacon writes on the servant problem. "The Interpreter" pictures E. H. Harriman graphically.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

To Retain Cotton on a Smooth Probe. Rub a little wax on the probe, warm slightly and wrap the desired amount of cotton on. The wax will cool and retain the cotton and can be warmed again and the cotton readily removed.

* * *

Thymol in Abscesses. This remedy is very insoluble under ordinary circumstances but dissolves in oil of eucalyptus when it becomes a valuable aid in the treatment of abscesses, especially the mild forms of chronic blind abscesses.

* * *

Gastrine a New Digestant. Under the name gastrine, the natural gastric juice of dogs, we have a preparation now on the market as a superior digestive preparation. It is said to contain a large amount of pepsine and of rennet ferment together with 5.6 per thousand of hydrochloric acid more than is in the ordinary gastric juice. Several communications on the subject have appeared in the Bulletin de la Societe des Hop. de Paris.

* * *

Pleurisy Treated By the Injection of Gases. Vaquez, at the meeting of the Societe Medicale des Hospitaux said that this was done with a double end in view, either of inhibiting a tuberculous process or of treating the infusion itself. In acute pleurisy the duration of the disease is abridged and in case of recurrence the gas injection was treatment of preference. Nitrogen gas is preferred as it is not absorbed too quickly, is not injurious and remains a long time in the pleural cavity. The author was able to demonstrate its presence eight months after the injection. The amount to be used was variable and ordinarily equaled, about half the quantity of fluid removed.

* * *

Rheumatic Joints. Pouchet (Le Progres Medicale) recommends the following application as a counter irritant and absorbent application in rheumatic joints:

℞

Acidi salicylici.
Olei teribinthinae .....
.....aa dr. iss or 6.00
Adipis lanae.
Adipis benzoati .....
.....q. s. ad aa iiss 75.00

M. S.—Apply locally to joints twice daily.

* * *

The Internal Administration of Adrenalin. Kreuzfuchs (Wiener Med. Presse) has found favorable results by the use of adrenalin in the shape of Clins pills, each of which contains one-quarter milligram of the remedy, in the angio-paralytic form of hemicrania, whereas there was no effect in the headache of a different origin. The remedy is of course contraindicated in the angiopastic form of hemicrania. Adrenalin was also successfully employed in certain affections of the stomach, such as nervous dyspepsia with increased production of hydrochloric acid in gastralgia, etc. In all these cases the most distressing symptoms subsides after the administration of one or two pills. A permanent cure can of course be expected from other suitable treatment. The effect of adrenalin was favorable also in

a case of apex catarrh with hemorrhagic sputum.

* * *

Prescription writing, one of the most practical, is also probably one of the most neglected branches of the curriculum of the average medical college. When the newly fledged M. D. goes out he is most likely to make himself foolish in this line sooner than any other. In fact he might make a major operation with more credit to himself oftentimes than to write an ordinary prescription correctly. He is often the laughing stock of the druggists and their friends in his crude efforts to compile properly a prescription It seems that every professor leaves this part to someone else and con.sequently the required instruction is not given. Be the cause what it may be the effect is deplorable and a remedy is needed. The state board of medical examiners have the remedy in their hands. If they demand ability in prescription writing the schools will supply it. A properly written prescription is a thing of science and of art and every true physician should take a pride in this phase of his work.

* * *

Obliterating Tatoo Marks was the subject of a report made by M. Variot before the Societe Medicale des Hopitaux of Paris. One was a man who had the figure of a naked female tatooed on his fore arm and on the posterior surface another figure. The indecency of these figures shocked even Paris and the man found difficulty in gaining employment, and for this reason was anxious to be relieved of his impedimenta. Variot resorted to cauterization by means of tannin and silver nitrate. A bundle of needles were used to pierce the skin just as deep as the needles which did the tatooing, and thus.the tannin and silver nitrate was enables to pierce the layer where the pigment for tatooing was deposited. Two months after the termination of the treatment one could see only a slightly pigmented scar, brownish in color and not very conspicuous. The skin of the region was soft and moved readily over the aponeurosis. Another method was suggested, viz. the application of blistering agents which had to be done repeatedly. The ideal method, however, was by electrolysis, which destroyed the tatooing very rapidly and left practically no scar.

* * *

A Clear Understanding of the Vasomotors and the Utilization of Their Functions to Get the Best Therapeutic Result. The above is the title of an interesting essay by Dr. W. C. Abbott, of Chicago, which appeared in a recent number of the Medical Record. The author says that perturbations of the vasomotor equilibrium form the earliest evidences of disease in the vast majority of maladies. The physician who has accustomed himself to these conditions recognizes these local "jangles" and applies his remedy before the difficulty has passed beyond the simple disorder of toxicity, excess or deficiency. The physician may not be sure whether he has aborted a pneumonia or jugulated another condition, but he knows that just such cases let alone do develop into maladies that can without the slightest difficulty be recognized and classified, and that in their fully developed forms may really verify the pessimistic dictum, "no treatment cures." How many diseases in their incipiency could be cured by a little, very little, common sense. A dagger inserted into the heart causes a wound. The removal of the dagger hardly cures it. It is the all but universal presence of the vasomotor disequilibrium in the whole wide field of clinical medicine that compels such constant reference to the four great vasomotor remedies in the practice of our art—aconitine, veratrine, digitaline and strychnine. He who appreciates the importance of auto-toxaemia and the

constant presence of vasomotor instability has a broad foundation on which to build his practice. We must possess hundreds of remedial agents though nine-tenths of our work may be done with a score. It is the remaining tenth that we find the greatest pleasures of the practice of medicine, when by the exhibition of some definite principle, active principle, that has not been needed for years we meet an indication that has not presented for that length of time, but for which we have had the remedy waiting. I beg my readers to pardon me for the importunity with which I beseach them to consider these truths. I cannot help it. I do so want them to know these exquisitely differentiated remedies that I cannot help being urgent. And, knowing these things so well, how important they are for the profession and for suffering humanity, when I find that one does not really know that there is a difference between hyoscine and atropine I am ready to lie down and die.

* * *

Tuberculosis and Marriage.—Mayor Zook, of Ballard, Wash., was sued for breach of promise for refusing to marry Miss Rosana Grover. The preparation for the trosseau was well under way when Mayor Zook found that his fiancee was afflicted with consumption. He informed Miss Grover that he thought it was for their own best interests as well as that of society in general that they should not marry. The fact that both his parents died of consumption was urged as a further reason that they should not marry. Miss Grover sued for breach of promise and the jury gave her $10,000, which was cut by the judge to $6,000. An appeal was taken and the mayor won. An exhaustive opinion was written by Justice Milo A. Root, a part of which is quoted: "Any person entering marriage, knowing himself to be seriously afflicted with pulmonary tuberculosis, violates the spirit, if not the exact letter of the law statutes enacted to prevent the spread of the disease. The same is true of one who marries knowing him or her to be thus afflicted. An agreement, which if executed, would thwart the beneficient purposes of such statutes ought not to be held binding. The paramount consideration involved in the determination of this case is not that appertaining solely to the parties of this action (although as to each of them it is of great importance) but it is as to the community, the state and to humanity in general. Here we have a man and a woman engaged to be married. The man is of a family, several members of which have died with pulmonary consumption. The woman is afflicted with the same disease with small, if any, assurances of recovery. Under these circumstances if the marriage were to be consummated, what would be the natural consequences to be anticipated? It is a fundamental proposition that a contract contravening the provisions or policy of a public law is void or voidable. It having been the privilege, and, as we believe the moral and legal duty of appellant to decline to carry out the agreement, he cannot be held responsible in damages for so doing. In the domain of morals it is a maxim that a bad promise is better broken than kept.

"Unconditional promises of marriage exchanged between a man and a woman, imply respectively that each is physically, morally and legally competent to enter into the state of matrimony, and capable so far as he or she knows of or has reason to believe of effectuating the principal relation of the marriage contract. One of the most important functions of wedlock is the procreation of children. Offspring are the natural result and oftimes the chief purpose of marriage. If a child born in full health and vigor is a matter of deep concern to its parents, what must be said of the advent of a babe burdened with the hereditary plague of consumption?"

PRESCRIPTIONS

By J. A. Burnett, M. D.

A DIAPHORETIC FEBRIFUGE.

The following diaphoretic febrifuge will control all fevers, either malarial, pneumonia or typhoid:

℞

Fld. ext. lobelia.
Fld. ext. cypripedium....aa ʒj.
Fld. ext. asclepias.
Fld. ext. crawley.....aa ʒij.

M. Sig.—Dose, two or three drops every fifteen or thirty minutes until sweating, then less frequent; or five drops every hour until sweating, then less frequent. It is best given in hot water, and if not given in hot water give it in cold water as warn water may nauseate.—J. A. Burnett, M. D.

DRY SURGICAL DRESSING.

℞

Tinct. calendula.
Pulv. boric acid .....aa ℥i.
Pulv. hydrastis .....℥viij.

M. Sig.—Apply locally.—J. A. Burnett, M. D.

PURGATIVE.

℞

Podophyllin .....1-6 gr.
Leptandrin.
Dioscorein.
Capsicum .....aa 1-3 gr.

M. Sig.—This is one dose to be repeated every thirty minutes until six doses are taken.—J. A. Burnett, M. D.

PNEUMONIA.

℞

Fld. ext. bryonia.....gtts. v.
Fld. ext. aconite.....gtts. iij.
Fld. ext. asclepias.....ʒj.
Aqua .....℥iv.

M. Sig.—Dose, one teaspoonful every hour.—J. A. Burnett, M. D.

ASTHMA.

℞

Tinct lobelia .....ʒv.
Fld. ext. cramp bark .....ʒij.
Essence ginger .....ʒj.

M. Sig.—Dose, five drops every ten minutes until relieved.—J. A. Burnett, M. D.

ALOPECIA.

In an article in the Lancet-Clinic, Dr. E. S. McKee, of Cincinnati, recommends:

℞

Thymol .....oz. ss or 15.00.
Oil ricini.....oz. ii or 60.00.
Oil amygdal. dulcis.....
.....oz. ii or 60.00.

M. S.—Apply.

℞

Unguenti hydrargyri oleatis.....
.....oz. ss or 15.00.
Oil chamomilis ...gtt. x or 0.65.

M. S.—Apply.

℞

Pilocarpine hydrochloride ....
.....gr. v or 0.33.
Oil rosae .....gr. viss or 0.50.
Oil rosamarii.....oz. ss or 15.00
Tinc. cantharidis...oz. ss or 15.00
Glycerine.....oz. i or 30.00
Oil amygdal dulcis.....
.....oz. ii or 60.00.
Spiriti camphorae .....96.00.

M. S.—Rub well into the scalp night and morning to prevent baldness.

Brocq, (Bulletin General de Therapeutique) for falling of the hair, gives the following:

℞

Acetic acid, glacial.....5 parts.
Tinct. of cantharides...10 parts.
Tinct. of rosemary.....25 parts.
Tinct. of jaborandi.....25 parts.
Rum .....150 parts.

M.—Rub into the hair roots daily, intermitting the remedy if it occasions inflammation.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE VALUE OF ELIMINATION

By W. T. Marrs, M. D., Peoria Heights, Illinois.

By far the greater number of diseases arise from intrinsic causes. Auto-infection is at least a factor of causation in nearly all acute affections. Typhoid fever in its incipiency is a condition in which unclean areas in the bowels favor the absorption of toxic products. It is on the whole, a preventable disease. The fact that there is a daily evacuation from the bowels should not preclude further investigation along this line. The bowels may be open, yet in an unclean condition.

Many sub-acute and chronic conditions are caused and perpetuated by the absorption of toxic elements from the alimentary canal. This is quite often the underlying cause in many of the stubborn cases of eczema we meet. Many a case of chronic headache has been permanently relieved by a depletive line of treatment. The writer has known a number of cases of chronic indigestion to recover after thorough eliminative treatment had been instituted.

The four great functions of elimination are the bowels, kidneys, skin and lungs. If pure water is taken copiously the kidneys perform their work with greater facility. The toxines that the other organs find difficulty in disposing of are thrown upon the kidneys, and if water be taken abundantly these abnormal products are somewhat diluted and the more easily removed.

The skin is the largest emunctory in the body and should be kept in a normal condition by a daily bath or rub. I think instead of the bath a portion of the time a saline rub given thus is very conducive to normal skin action. Dip coarse towels in brine and dry them. A rub with these produces a mild degree of stimulation and the salt exerts a slight tonic effect upon the skin.

The lungs can not functionate as they should without pure air. Nearly every one sins more or less in the matter of denying himself the requisite amount of oxygen. Physicians should impress the laity of the fact that consumption is a "house disease" and that persons who breathe absolutely pure air are not susceptible to it.

Salines and water are our best emiminants. Many acute affections may be aborted by their timely and generous use. The following case is illustrative:

Martha J., aged 19, suffered all the early signs and symptoms of typhoid. Two other members of the family were down with that disease. This lady was troubled with neusea and anorexia, furred tongue, tender and tympanitic bowels and a slight elevation of temperature each evening. I gave three grains of calomel, followed by Abbott's saline laxative nutil free cartharsis occurred. Kept the bowels open with this laxative for several days; also insisted upon the patient taking water and lemonade in copious draughts. There was a rapid subsidence of all symptoms and a return to health in a few days.

Timely and effective treatment will prevent many conditions from eventuating into serious ailments.

Always be sure to write your name and address very distinctly.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X MAY, 1907 No. 5

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 114 April Recorder)

RECONSTRUCTION OF THE EAR.

Where from some cause the ear has been entirely lost, it is a problem at the present day whether to attempt to reconstruct an ear from the soft parts about the site of the lost organ, or if it is not a better plan to recommend the wearing of an artificial organ. In women, it may be justifiable to attempt the reconstruction of an auricle, as the organ can be more or less perfectly hidden, if it does not prove to be entirely pleasing in its outlines. In men the hair cannot be worn so as to conceal the organ in great part and an imperfect organ hardly improves appearances. In any case the patient contemplating submitting to an operation for the reconstruction of the auricle should understand the uncertain nature of the work.

Where the organ is merely imperfectly formed, much may be accomplished in improving its appearance by overcoming any tendency to curl on the part of its cartilages. If a woman presents with an imperfect auricle, if it is possible to reconstruct the lower portion of the ear so that it appears to be in a normal condition, the remainder of the organ may be so hidden in dressing the hair that the deformity is of little importance. Unfortunately, many women dislike wearing the hair low so as to cover the ears, and certain of them, justly, as such a plan of dressing is far less becoming than other styles. Where a rudimentary lobule exists and the patient is willing to dress the hair over the upper portion of the organ, the lobule may be filled out to an advantage with paraffin. The injection of the drug is made easily, the agent being in a semi-solid state. The operator having injected a sufficient quantity of the preparation may mould it so as to give the lobule a natural appearance. The tissues may not permit of the injection of all the paraffin desired at the first operation, where the rudimentary lobule is very small, and, in such instances, a second injection may be made, after the lapse of considerable time. The tissues gradually relax after an injection, so that the second injection permits of the depositing of more of the preparation than could have been placed at the first sitting without causing undue tension upon the involved parts. The lobule, if moulded to a natural appearance, may be allowed to show beneath the hair, and

FIGURE 1

Figure 1. Illustrating lines of incision in operation for constructing an ear from the soft parts.

FIGURE 2

Figure 2. Illustrating loss of a portion of the auricle, a condition relieved satisfactorily by a plastic operation.

FIGURE 3

Figure 3. Photograph of an imperfectly developed auricle. It can be seen that the lobule is fairly well developed. The addition to its bulk by the injection of a small amount of paraffin and the injection of a certain amount somewhat above the lobule coupled with an uncurling of the rudimentary upper portion, and its close attachment to the side of the head will greatly improve the appearance of this organ.

FIGURE 4

Figure 4 illustrates the tendency of the imperfect auricle to curl. This organ can be made to appear quite sightly by section of the cartilages and denudation and partial attachment of the organ posteriorly, so that it does not project more than thirty degrees from the side of the craniúm.

FIGURE 5

Figure 5. The result of uncurling the cartilage, and spreading it along the side of the head can be seen by the appearance of the auricle as held by the finger, the illustration being of the same case as shown in Figure 4. Section of the cartilage above permits of upward uncurling.

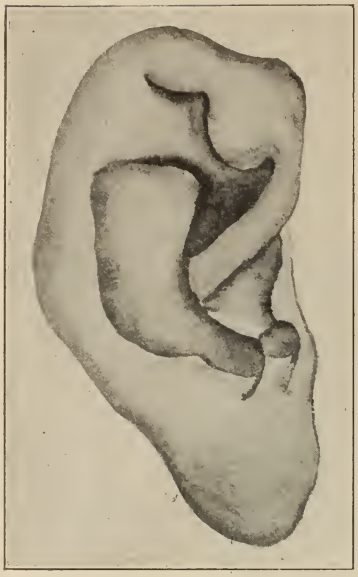


FIGURE 6

FIGURE 7

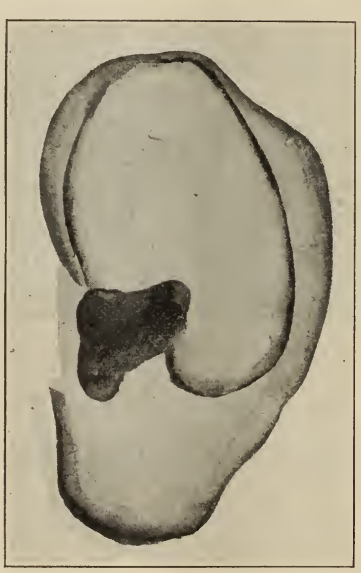


FIGURE 8

Figures 6, 7, 8 illustrate the various characteristics seen in othematoma.

the individual in this way appears to have a normal auricle.

Where the ear is entirely absent in a woman who is willing to wear the hair low so as to cover the site of the auricle above the lobule, a lobule may be easily formed from a fold of skin. This fold is modeled into the desired shape after having been cut free except for attachment above, and after healing has occurred, it may be injected with paraffin so as to give it the desired shape, and to prevent atrophic changes.

The operator, to form a lobule, picks up a fold of skin with the thumb and index finger and cuts it free below and laterally. The fold so freed is then sutured so as to give to it a shape similar to that of the lobule. This is accomplished by first suturing the triangular interval left after freeing the fold of skin. Then the operator proceeds to suture the fold so that the line of suture is hidden by the newly formed lobule. The apex of the fold should be drawn upward in this latter step of the operation, so that the lobule formed has not an unnatural pointed appearance.

OTHEMATOMA OR HEMATOMA OF THE EAR.

This is a condition which has been dilated upon by numerous writers, and it will not be the subject of any extenced discussion in the present work.

The affection consists of a tumor of the external ear filled with blood and serum. The manner of its formation is clear in many cases, while in other instances it apparently develops spontaneously, and much discussion has been engendered as to whether the apparently spontaneous lesions were of local or constitutional origin. The reputed spontaneous othematomae are seen in nearly all instances in the insane and it is easily possible to understand how such an individual may have the condition following an injury which has escaped the attention of those about the patient.

The tumor appears suddenly, as a rule, and may or may not be accompanied by more or less inflammation of the adjacent structures of the ear. It varies in appearance. In some there is an excess of blood, in other of serum in the interval which is formed between the cartilage and the overlying skin.

The course of the lesion varies. In some cases there is a considerable inflammation, particularly where a severe injury of the ear has been suffered, and the crushing may so facilitate the development of bacteria which gain entrance to the affected parts that sloughing occurs. In other instances an erysipelatous inflammation develops and extends from the ear to adjacent structures. The development of pyogenic organisms in the contents of the tumor is followed by an alteration of the contents of the tumor into pus, and if this material is not evacuated by the surgeon, the tissues overlying the pus will ultimately give way and spontaneous evacuation occur.

Our present perfected knowledge of aseptic and antiseptic surgery leads me to believe that it is always well to open these lesions after carefully sterilizing the surrounding parts, and then to carefully syringe the cavity with a mildly antiseptic and astringent solution. The cavity may be syringed with a warm saturated solution of boric acid, and if a hemorrhage occurs, after the cavity has been opened, it is well to syringe with a solution of the active principal of the suprarenal gland. This agent for a time tightly closes the small vessels entering the cavity of the lesion, and before its effects are lost, the parts should be carefully dressed with sterile lint, and slight compression exerted to prevent further bleeding. The opening into one of these lesions should be made so that the consequent scar will be as inconspicuous as possible. In some cases following the othematoma and in other instances following repeated inflammations of the ear a marked shriveling oc-

curs of the cartilage and other parts of the external ear. Such a condition causes a very noticeable deformity, the correction of which is difficult if not impossible.

The irregularities and bulk of the ear may be slightly overcome by the injection of paraffin. In this work the judgment of the operator must be brought into play to decide as to the extent and manner of placing the paraffin.

Where acute inflammation of the ear exists it should be treated with soothing applications such as lotions of lead water and opium. Where a chronic inflammation exists the parts should be treated with a view of preventing this shrinking of the ear subsequently. For the chronic inflammations such applications as those of iodine, guaiacol or mercury should be used. The iodine is used in the form of the diluted tincture or as an ointment; the guaiacol in a salve or in glycerin in strengths varying from five to twenty per cent; the mercury is used as an ointment of the metal or some of the salts such as the ammoniated or the red iodide.

SEBACEOUS CYSTS OF THE EXTERNAL EAR.

The majority of sebaceous cysts seen upon the external ear are small and remain so, though in a few instances they grow to considerable size. If the dilated but plugged opening of the cyst is visible as a black speck over the tumor an attempt may be made to dilate this duct with a probe, and the contents squeezed out through this opening. After the cyst is emptied, nothing further may be done or a tincture of iodine injection may be used. For this purpose take a glass hypodermic syringe, and a very short, fine needle, the extremity of which is blunted. The syringe is partly filled with the iodine tincture, and the needle introduced into the cavity of the cyst through the patent duct and the iodine injected. After it has remained in the cavity for several minutes it is expressed through the duct, and the parts protected with a small piece of adhesive plaster. Should the cyst subsequently reform, it may be evacuated again or removed. In the consideration of the subject of sebaceous cysts under a separate head the technic to be followed in their removal will be dilated upon. Here attention is called to but one point. In some cases the cyst will be so situated that an incision made directly over the cyst for its complete removal leaves a scar which is clearly visible. Such a scar may be insignificant, but it is preferable to have it entirely hidden. In order that this may be accomplished an incision made posteriorly may be utilized to gain access to the cyst. If necessary the incision is carried through the cartilage to gain access to the cyst. After the contents have been removed the sac itself should be extirpated.

Chalky concretions are sometimes found in the ear. These deposits are the result of a gouty diathesis and may be removed by incising and dissecting or curetting.

(To be Continued)

Through information recently published concerning it, gelatin, which has been so commonly used in food for the sick, has fallen under suspicion. It is stated that gelatin is at times made from the hides of animals, the process of manufacture being carried out when the hides are in such condition as to give forth most offensive and nauseous odors. The Chemistry Bureau of the Department of Agriculture is responsible for the statement that gelatin is often made in glue factories, materials being utilized for its production which are unfit for use in glue. The Marine Hospital Service reports that the tetanus bacillus has been found in commercial gelatin.—Bulletin Illinois State Board of Health.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 State St., Chicago, Ill.

(Continued from Page 119 April Recorder)

THE HOSPITAL.

We have had a mild view of the method pursued by the members of the staff in some of our large hospitals where clinical material was used to demonstrate some surgeon's pet hobby, but so far we have not considered the hospital clinic from the patient's standpoint. The idea is abroad (and physicians are to blame for it) that the members of the hospital staff are a superior class of men, and in fact, the representatives of advanced medical thought. The staff has labored early and late to give physicians this view, and we might spend some time inquiring whether they have justly earned this confidence of the general practitioner. This gentleman only sees the hospital when it is on parade, and the slick way patients are run through the surgical machine at the hospital clinic. He rarely knows what is done to the patient outside of what he is told, still some of the most atrocious and criminal mistakes are constantly being made at these places, that never get beyond the doors of the institution. For instance, I am reliably informed that an eminent surgeon removed the bladder from a woman within the last four months, under the impression that it was a cystic ovary. It of course happened at a hospital clinic where the surgeon was so busy talking conservatism that the mistake was not discovered until the patient was put to bed and the specimen examined. I have succeeded in collecting nine cases of this kind of accident, tracing three of them to one man. We can understand how one accident of this kind can occur, but fail to see the reason why the same man should make the same mistake again. Numerous cases have occurred where the wrong breast has been removed, and several where amputation was done upon the wrong limb. Accidents of this characte are distressing, owing to the fact that the surgeon's bank account might suffer a "shock" if the patient lives. It has been noticed, however, that the mortality rate is unusually high in this class of cases, and the accident rarely gets outside of hospital circles. Of the accidents that happen within the abdomen, few people outside of the operating team, ever suspect their existence. A case that happened some time ago at a hospital clinic where a surgeon was removing a fibroid tumor, cutting the ureter, which he repaired by placing a ligature on the cut end, and explaining to his assistants that the kidney would atrophy. Death was looked for, but for some reason failed to come. Convalescence was prolonged and the patient left the hospital with considerable abdominal ascites. She passed into another surgeon's hands. The abdomen was tapped, and upon analysis the fluid was found to be urine, and he removed the kidney to cure the patient. What a strange thing it is, that a surgeon belonging to another surgical clique, will occasionally "butt in" and spoil a cherished illusion for the other fellow.

A few years ago, when surgeons were operating upon the kidney for every conceivable reason, they made the marvelous discovery, that some people had only one kidney. Of course they had to find this out by removing the one, and then holding a post mortem to account for the strange suppression of urine following the operation. It happened so often that it is now considered indefensible to operate upon a kidney without first examining both ureters through the bladder. A new discovery in surgery is a misfortune, especially if it succeeds in attracting some newspaper mention, as every mother's son of them, is not happy until some patient has been persuaded to have the operation. When the surgical world was startled by the report of a foreign sur-

geon's success in removing the stomach for cancer, to my certain knowledge the operation was tried upon four cases the next week with fatal results. I have been told of other cases where the same insane procedure was tried, and as none of the operators have run into print about the matter, it is a fair inference that they were not successful. It might be considered a wonderful discovery from their standpoint, as they learned the important fact, that a woman that has been brought up as a hot-house plant cannot stand as much operating as one that can pull her end when harnessed to a cart with an ox. But it does seem sad that a family must be robbed of their mother in order that a surgeon may get a chance to run into print and get some of the reflected glory of a lucky chance. Of course I know the old argument that is always advanced to justify these operations: "She would have lived only a few weeks, anyway;" but I have always had difficulty in understanding that when a patient is so serious as they would have us believe, why do they not let them die in peace. It is getting so that it is impossible to die naturally, any more. Some fool operation must be tried, so that the hospital grafter and his family consort, can get their chance at the estate. I have received several letters recently protesting that the surgeon is humane and above such mercenary considerations. This may be so, as I do not question the honesty or skill of many of our surgeons; but there are many who are well known that seem to have lost all perspective of life except the financial one, as the following tale will tell. A young girl who was suffering from a huge sarcoma of the ilium, was brought to one of our honest imported surgeons for an operation. This man, though peculiar and guilty of many blunders, never had his honesty questioned. He examined the girl and refused to operate, telling the father plainly that the girl would die. The father was dissatisfied and passed into the hands of one of our financial surgeons, through some of his numerous solicitors. The next morning he met the old surgeon in the corridor of the hospital and greeted him with these words: "Professor, you are a great surgeon, but you are a poor business man." "So?" inquired the professor. "Yes; Do you remember that girl with the sarcoma that you saw yesterday and refused to operate upon? Well, I operated this morning and got $1500." The old surgeon stopped as if shot and demanded: "Dr. Blank, do you mean to tell me that you have operated upon that case?" "Certainly," was the reply. "Dr. Blank, do you mean to tell me that you would commit murder for $1500? I may be as you say, a great surgeon, but thank God I will never commit murder for all the money in this country, and hereafter we meet as strangers," and they did.

Conscience is a very inconvenient thing to have for a high financier, and it requires considerable education to see all things through the dollar spectacles; but why multiply these instances, every physician has had it brought to his attention time after time, and like other casualties that occur in a community, it happens so often that they seem inevitable, and as it is no one's business to stop it, it is tolerated from year to year, hoping against hope that something will turn up to check the evil. From the numerous letters that I have received on this subject, it seems as if the impression has spread among the general practitioners that these practices are so well grounded in the profession that they cannot be stopped, and they claim that exposure only makes them a little less bold, as a hungry wolf is unwilling to part with its acquired prey. My critics may be right, but if no one makes an attempt to strangle this vampire before it gets too large, we will be eaten up by our own folly, and have ourselves to thank for the operation.

I believe if a physician were to tell

one of our metropolitan hospital staffs, that they are bought and sold like a lot of old iron, they would mob him; still it is literally true, as the sister superior, or the superintendents make the contracts with the various railroads, manufacturing enterprises, city government, and quack institutions to take care of their people for $7.00 a week, the actual cost of a ward bed, giving them food and medical services for this compensation. The staff is not consulted about this matter as their services are sold outright to any bidder, and they dare not protest, for well they know that the atmosphere would become so damp and disagreeable that it would not be wholesome for them to remain much longer. To be sure, some of the surgeons send their bills to the companies, but they only help fill up the waste basket. It may be a surprise to you to know that the hospital evil has been a godsend to our quack institutions, as there was a time when they had to hire doctors whose morals were a little out of plumb, who pretended to give some sort of treatment; but they frequently got the concern into grave predicaments by their ignorance of the healing art, as the following story will show.

Soon after the discovery of the X-ray and its destructive effect upon sarcoma, one of our greatest quack institutions got an old man into the toils with a large sarcoma of the ilium, which they promised to cure for $5000, which amount was handed over to them; but instead they burnt him severely with the ray until the poor old fellow was in terrible agony. The quacks became frightened, but assured him that he was now ready for an operation as the cancer was cured; but he informed them that he only had $150 left, for which they agreed to have the work done, and after casting about for a surgeon who was suffering from the "furor operandii," they selected one who agreed to operate for $75. The patient was taken to the hospital and the operation done, and the old man died on the table, and the quacks were freed from an unpleasant legal predicament, and everybody was seemingly satisfied, until the surgeon was given a tip as to how he was "worked," when with a mad bellow he made for their scalps, and to quiet his anger he was handed over the remaining $75. Surely it was a mean trick for the quacks to rob their "ethical comrade," especially as there was no other way out of the difficulty.

Country physicians have been congratulating themselves that they are not afflicted with the hospital vampire; but if they have escaped it is only for a short time, as the hospital is reaching out its tentacles into all communities by its religious connections, as by writing to most any hospital you will find that they will agree to have any operation performed that may be required for the price of the room. You say you don't believe it? Well, just sit down and write to any of the religious hospitals and state your case; ask for any operation you want done, or incidentally mention that you have seen their announcement, or vary it by asking for the services of some surgeon and see what reply you get. Your own letter will prove my case, that the hospital staffs are sold like junk, and moreover are too cowardly to help themselves. How long Mr. Country Physician before you will begin to feel the pinch? The average hospital superintendent has about as good an opinion of doctors as the public has regarding yellow dogs.

THE HOSPITAL STAFF.

The theory has been spread abroad that members of a hospital staff are a superior class of medical men, and no class of people have been fooled as badly as physicians themselves. Just let me state a few facts, and I wish that I could tell them to you in words of fire. Ability is not considered in an appointment; they are all made through pull, politics or money. To get on one of our staffs

you must get into one of our medical cliques, and to do this you must farther the interests of your sponser; second, your pocketbook must be always open to contribute liberally to each and every new improvement that is desired. If you come up to this standard you may be the biggest donkey on earth, your appointment is secure upon the first vacancy occurring. This method also holds true of all important medical college positions. The hospital or medical college is the nucleus around which the medical cliques are formed, and they are a closed corporation, except by serving an apprenticeship. It must be known that you are "safe"—that is, that you are not supposed to see anything that you should not see. You must do your best to defend each member of the clique, and help each individual member to the best of your ability. These cliques are beautifully organized, and their ramifications extend even to private practice.

PASSING "IT" ALONG.

This was one of the greatest discoveries in medicine. I dropped into it by accident, as I have never seen it published in any of the association journals; but as it is unique and financially fascinating, it does not seem fair to conceal so important a discovery from the small fry in the profession. A fool patient of mine who had some eye headache and considerable good coin in his pockets, was sent to a certain eye man for glasses, and this was the last I heard from him for five months. When I met him on the street, a mere shadow of his former self, I asked him what in the name of common sense he had been doing, and he replied that he had been "seeing doctors." I took him in and got his story, and I will give it to you in his own words, as near as possible.

"Well, doc, you know you sent me to the 'eye gieser,' and he monkeyed with my eyes for three weeks; had me so blind I could not see anything; then he put on a pair of glasses that made me feel I had to jump over each crack in the sidewalk. I guess people thought I was drunk, as the way they 'he, he'd' at me, and it made me mad, so I went back to throw the glasses at him. He was a pretty smooth guy though he explained the trouble with the glasses and said he was satisfied that my headache was not caused by my eyes, but was due to some trouble with my 'coco.' He gave me a letter to a friend, a nerve specialist. This fellow made me peel, and he laid me on a funny kind of a thing-me-bob, thumped me all over, stuck pins in me, rapped my shins, and made me walk turkey up and down the room. He insisted that I tell him if I had ever been up against the real thing (syphilis). He gave me some medicine that nearly turned my stomach inside out. I went back to tell him that I could not take it, when he said that he was sure that the headache was not due to the nerves; but he would give me a letter to a friend of his who was a stomach specialist and charged me fifty bucks. Well, by this time my head was just splitting and I went to see the wise guy. He made me peel as usual, and lay down, then he thumped me all over the 'solar plexus' and begun to look serious and gave a grunt; then he took a 'dofangle' and put it in his ears, and the other end on my breadbasket. He had on a look like a gambler when a police raid has been tipped off. He looked serious again and gave another grunt, and by this time he had me 'going.' I asked him if I was a goner; he shook his head doubtfully and told me to come tomorrow without my breakfast. Next morning he gave me some sort of a bran mash and told me to sit down. After a time he came to me with a 'dofunny' and told me to open my mouth, and before I could sidestep, darned if he didn't push about a yard of the 'dingus' down my throat. Gosh, doc, that was the limit! I didn't think he cared so much about his blamed

bran mash food that he had to pump it out again to save it. I howled like a Commanche, but he only said 'keep still, I aint going to kill you, I am only taking a test meal.' Say doc, it was real interesting to watch the cuss; he smelt of it, he tasted it, and then put it into a lot of little tubes, and all I could make out was a doubtful shake of the head and a grunt. When he got through with his monkey business he looked solemn and shook his head and said I had several kinds of "itis" and was very bad, and he would have to treat me. Say doc, I thought I had been up against the real thing before, but that medical shark had me going. He put a coffee-mill down my gizzard and ground off the barnacles; he made me swallow bags of rubber, and filled them with hot water, and then with cold, and he made me eat the Battle Creek sawdust for breakfast, dinner and supper. He done this for about two weeks, until I surely was all in, and I kicked. He was nice about it and said my stomach would be all O. K. now; but that I had some sort of slivers in my seat (piles), and to call on his friend, Dr. Blank, who would surely treat me all right. Well, as my head still ached, I did it, and found his friend a nice sort of a chap. He sympathized with me, and made me take my pants down, hoisted my legs in the air by some sort of a noose, and when he had me in chancery, he took a nice nickle-plated can opener and pried me apart. I knowed it was something serious, as he looked so solemn, and kept busy saying 'hm, hm' to himself. I got leary and said, 'Doc, do you think I'll pull through.' He thought a few minutes and said slowly: 'Ten pockets, four mucous pads, and three hemorrhoids, and catarrh of the colon. Yes, I think I can save you,' and he started in to trim me, and I have took my meals off from the mantel for the last six weeks. He surely did save my life. He said that he had done all he could for me, and told me that the buzzing in my ears was the cause of my headache, and he gave me a letter to one of his friends to treat my ears.

"How much have I paid for my experience? Well, I guess it has cost me a thousand bucks."

At this point the writer stepped in and side-tracked him to an optician, had him fitted with proper glasses, told him he had been up against a medical green goods game, and commented rather forcibly upon his intelligence. Subsequent history normal; recovered from headache, regained his flesh, and is diligently trying to make up the deficit incurred while investigating our medical gold brick institution.

Since this case has happened, it did not take long to find out that this is a well organized and thriving institution, and any sucker can be well entertained, and spend just as much money as he wishes to going against this game. The cards are all stacked, and have marked backs. It is just about as honest in its dealings as a bucket shop, and the names of some of the specialists engaged in this nefarious business would make the medical world sit up and take notice. How these men can continue doing these things, knowing full well that exposure means ruin, passes my understanding. The necessity for their being done is the gigantic vampire, that they themselves have brought into being, the charity hospital and dispensary that threatens to engulf within its merciless maw every physician outside of the medical trust connected with them. This is no fantasy; it is a real menacing danger, that will cause a pinch of hunger at many a physician's fireside within the next twenty years. What do you intend to do to fight the common danger? We want men, money and ideas. Have you any?

(To be Continued)

It is claimed that one death in every twenty is due directly or indirectly to kidney disorder.—Ellingwood.

TREATMENT OF DISEASE

By Edward C. Rothrock, M. D., Palestine, Texas.

An old proverb says: "A good physician should have a plaster for every sore," and I would add, a balm for every wound, and by relieving pain promptly, establish a reputation as a medical man. There are in every disease various symptoms that demand attention of the physician. Little affections, which appear trivial, yet may assume a grave condition. The treatment of disease is more difficult than its diagnosis. In forming a diagnosis we have to discover the state of the organ or parts affected, give attention to symptoms, physical signs and in most cases arrive at a correct diagnosis. Whereas, we have to take into consideration age, sex and pathological condition existing, previous state of health of the patient, and whether other diseases coexist, etc., before we can determine on a line of treatment. Diseases greatly vary in severity at different times and what may be useful at one time would be injurious at another time. Close and accurate observation is essential to make a good practitioner, and no amount of study can compensate for want of bed-side clinical experience. Some young doctors, and older ones also, have erroneous notions in regard to therapeutics and imagine that certain drugs have miraculous power over disease, and it is only necessary to discover the trouble, then a drug is administered as a kind of antidote. Remedies should be given for a pathological condition existing. Treat the patient and not the name of a disease; remedies used in one epidemic will not, frequently, produce the same effect in the same disease in another epidemic. It is true that some drugs are of benefit in certain diseases and conditions, having an affinity, selective power, for certain organs and tissues, as for instance, quinine in malaria, mercury for syphilis, but these remedies are not specifics for these diseases, as a patient may die with congestive chill, as we have known, when under the influence of that drug, and we have known syphilitic iritis and other such troubles to commence when the patient was under the influence of mercury—salivated.

Another great mistake is that the treatment of disease is entirely by administration of drugs and young doctors look upon a physician as very ignorant if he does not fill up his patient's system with various vegetable and mineral substances, as pills, powders, tinctures, fluid extracts, elixirs, etc., etc. But, really, drugs are only a small part of the treatment of disease and frequently are inferior in value to rest, position, diet, and efficient nursing. Drugs often do mischief, when given ignorantly in regard to knowledge of their therapeutical action and the pathological condition of the patient. The duty of a physician is to relieve pain and assist nature to throw off the diseased condition; if he does more he does harm. Now, in a case of acute gastric catarrh, we have seen every drug prescribed act only as an irritant to the inflamed mucous membrane of the stomach, and the vomiting, pain and inflammation did not subside until drugs and food have been abandoned and the organ left in a perfect state of rest to nature's cuperative powers. Children and the aged will and do often get worse when drugs are given indiscriminately. Other vague ideas exist and imagine that when a disease ends in recovery it is in consequence of the action of drugs that has restored the diseased part or parts to its normal condition. But the fact is, that all cures are the result, not of drugs administered, but of the reparative power inherent in every animal body. Why a diseased organ or part should be restored to its normal condition, we do not know and are no more able to explain than we can explain or understand

the mysterious process of growth, secretion or reproduction. But we know these is a power in every structure that tends to maintain its normal state, restore it when injured to a healthy condition and enable it again to discharge its functions.

(To be Continued)

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileytown, Tennessee.

(Continued from page 123 April Recorder)

LARYNGEAL DIPHTHERIA OR MEMBRANOUS CROUP.

The discussion of this subject is continued from the April Recorder on page 123. In this paper above referred to we stated that the other side of the question would be shown in May. Further search shows us that the weight of authority is largely on the side of the non-identity of these two maladies. Dr. W. G. Thompson in his "Text-book of Practical Medicine," second edition, says of membranous croup: "It is not a specific disease, like diphtheria, but is a croupous inflammation producing false membranes without the presence of the Klebs-Loeffler bacillus. The inflammation most often attacks the larynx, but it may be confined to the tonsils alone, or the tonsil's soft palate and pharynx.

The disease may complicate infections, especially scarlatina, erysipelas, and measles, or it may occur independently. False membrane wholly similar to that of true diphtheria, except in the absence of the specific bacillus, may follow the irritation of a mucous membrane by such strong corrosives as hot steam, ammonia, arsenic, corrosive sublimate, etc. The false membranes observed in animals, such as rabbits, fowls etc., appear to be of this type of inflammation. The number of cases of membranous croup are rapidly diminishing under the keen search for the bacillus diphtheria. Morbid anatomy is identical with that of milder diphtheria, except in the absence of the Klebbs-Loeffler bacillus from the exudate.

SYMPTOMS AND DIAGNOSIS.

"Neither the constitutional symptoms nor the local appearances serve to differentiate the disease from true diphtheria. Bacteriological examination alone can do this positively."

Dr. W. H. Park says: "As a rule the exudate in diphtheria is firmly incorporated with the underlying mucous membrane, and cannot be removed without tearing a bleeding surface, at least until convalescence. In pseudo-diphtheria (membranous croup) the exudation is usually loosely attached, collected in small masses and easily removed."

The disease usually lasts about a week and recovery is the rule. However fatal cases occur and the disease should not be regarded lightly at any time.

Dr. W. H. Hawkins, County Physician of Greene County, Tenn., says, as to these maladies: "They are not identical as to causation or deposit. In one you have a pseudo-membrane, while in the other you have a true membrane. As to treatment, they are identical."

Now, in closing this discussion, we will say it matters little about the name of diseases if we treat them rationally and as indicated. In treating membranous croup steam inhalations are always beneficial and intubation or tracheotomy may be required. Systemic antiseptics are always used by the writer, such echinacea, baptisia or calx iodata especially in diphtheria, as an alterative and sulphide of calcium. Where there is the least suspicion that the disease is specific we should use diphtheritic antitoxin. When I am absolutely certain that I am dealing with membranous croup instead of diphtheria, calcium sulphide is my sheet anchor; but when there is a shade of doubt I use antitoxin to be certain of no mistake.

(To be Continued)

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SEPTICEMIA AND PURPURA HEMORRHAGICA

I have for a long time been trying to decide whether any attention would be paid to my calling the attention of the medical profession through your journal about formalin or formaldehyde, forty per cent solution, and its specific qualities in septicemia, purpura hemorrhagica, etc. I claim it to be a sure specific in these diseases providing it is used in the following strength, one to two of aqua pluv. boiled and percolated You boil the rain water and percolate; when cold add one part of formalin. In the horse I inject formalin ʒi, aqua pluv. ʒii into the jugular vein daily. The results are immediate. Follow this up with spirits glonoin and strychnine or nux vomica. I have been carrying on my experiments for some time and have never been disappointed yet. I have pulled cases as the saying is, right out of the grave. The medical profession took this remedy up at one time and gave it up as a failure, why? Because they used it too weak. What they claim it will produce, theoretically, will not produce practically in the living subject where the blood is coursing through the blood-vessels continually, that is hardening of the coats of the vessels. I notice one thing in my patients where this remedy has been used that is gain in weight and if hardening of the vessels took place we would have loss of weight or wasting away. My patients are here to produce before any committee that wishes to see them now. I read in today's paper of a man dying, bleeding through the skin; the physician could not stop it. I used this same remedy in a horse for the same condition along with external applications of permanganate of potash and formalin with quick results. I ask your profession to give this a trial before condemning when all else fails, as death is the next step. I used it in a case of gangrene of the right leg with boiling solutions for three hours continually played with a rubber syringe and saved the leg and horse's life; evidence of this can be produced at any time. I have also saved patients with infectious pneumonia when given up to die by inhalations of steam from solutions of permanganate of potash and formalin. I shall be glad to answer any questions asked.

Dr. H. Thomson, V. S.
Newman Grove, Nebraska.

ARSENIC IN YELLOW FEVER

Dear Dr. Thorne:

Glad to get your April issue with editorial comments on my efforts and the results. Glad, especially, to read your assertion that "this matter should receive careful attention." Hope every medical journal will follow your lead and clamor for an investigation of my assertions. The figures evidently astonished you, but no more so than they did me who was right there and saw and felt the prevailing sentiment in my favor—at least in favor of "fair play and no favors"—all I ever asked. But when you say—"provided Dr. Leach can prove their truth" you put the subject up to the wrong party. I have placed these results before the profession just as I got them from those who, on August 26, 1905, made the investigations. Read all carefully and you will find that I have really given the Marine Hospital Service several thousand more

non-protected, non-immune than they are entitled to. And—Dr. Leach has nothing to prove true. It is up to the Marine Hospital Service to prove my assertions false or even misleading. When they begin, though, they must not forget that the fifteen manufacturers and jobbers did not stop selling our tablets on August 16th—the date up to which the 15,000,000 tablets were disposed of and the date when they were allowed the 93,000 un-arsenicized. Where did all the thousands of tablets go subsequent to August 26th, 1905? Not a jobber at that time was able to fill the orders, on that day, on his books. I bear letters in my possession to prove this.

Let them remember that the non-arsenicized the less to arsenicize. And the larger number arsenicized with but five cases and no deaths, the bigger, proportionately, their sick and death list to the smaller number not arsenicized.

I dare the United States Marine Hospital Service or any other association of competent investigators to give the world the truth, the whole truth, about our tests and the real practical results. It's "results that count." Don't let's forget that. Glad to get your April number. Several good things in it. Your mention of the "Mayor Zook" case, of Washington, is especially interesting to one doing a great deal of tubercular work. I think Judge Root certainly knows his business. It's pretty near time that something more than sentiment governed our marriages. Fact is, your April issue is full of good things. Glad always to see the Wisconsin Medical Recorder come.

R. B. Leach, M. D.

St. Paul, Minn.

A manufacturer spent $2000 advertising a corn cure in Japan, and then discovered that as the Japanese wear no shoes they have no corns.—Index-Lancet.

PRESCRIPTIONS

CHRONIC MALARIA.

The following is reliable in chronic malaria with enlargement of the spleen:

℞

Fld. ext. grindelia squarrosa.
Fld. ext. lycopus europeus.
Fld. ext. verbena hastata.
Fld. ext. berberis aquifolium. .
. . . . . aa ℥j.

M. Sig.—Dose, one teaspoonful every three, four or six hours.

STOMACH TONIC.

The following is a good stomach tonic:

℞

Yellow poplar.
Golden seal.
Prickly ash bark. . . . . aa ℥j.
Gentiana lutea.
Cloves . . . . . aa ʒiv.
Wine . . . . . 1 qt.

M. Sig.—Let stand for 10 or 20 days. Dose, tablespoonful after each meal.

CASCARA COMPOUND.

A good compound for chronic constipation is:

℞

Fld. ext. cascara. . . . . ʒxij.
Fld. ext. barberry. . . . . ʒvj.
Fld. ext. dandelion. . . . . ʒij.
Alcohol . . . . . ℥j.
Aromatic syrup, q. s. . . . . ℥xvj.

M. Sig.—Dose, one teaspoonful at night and morning.

NEURALGIA PILLS.

The following is a good neuralgia pill:

℞

Salicin . . . . . ʒj.
Ext. cypripedium. . . . . gr. xx.

Add extract dandelion sufficient to form pill mass and divide into twenty-five pills.

Sig.—Give one every two or three hours as needed.

J. A. Burnett, M. D.

Dean Spring, Arkansas.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE SCHOTT TREATMENT.

Among non-medicinal methods of treating disease what is known as the Schott treatment of chronic heart disease has taken high rank. It has been developed by the brothers Schott at Bad Neuheim, Germany, and consists in the taking of the natural effervescent baths of that place together with a system of graduated exercises. The waters of Nauheim have a temperature of from 86 to 95° F., are rich in carbonic acid and minerals, among which the sodium, calcium chlorides predominate so largely that others may be left out of consideration. A bath lasts at first only five minutes, but gradually the time is lengthened, while the salinity is increased and the temperature decreased down to a minimum of 80° F. After the bath the patient is rubbed and allowed to rest for an hour. The additional exercises consist in a series of simple movements of each limb and the trunk gently resisted by the hand of the attendant. Fatigue must be carefully avoided. The slightest suggestion of cyanosis or dyspnoea is a signal for discontining of the movements.

The effect of the baths is to diminish the pulse rate, increase force and volume of the pulse, lessen the frequency of respiration, increase the secretion of urine and in cases of cardiac dilatation diminish the area of cardiac dullness Schott's own theory is that these good effects are the result of reflex stimulation of the heart through excitation of the cutaneous nerves.

The successes obtained at Nauheim suggested imitation of the method for home treatment. Artificial baths are prepared so as at first to contain one pound of sodium chloride and one ounce of calcium cloride to every ten gallons of water at an initial temperature of from 95 to 90° F. The duration of each bath is five minutes, gradually increased to 10, 15, 20 minutes. The temperature is at the same time gradually lowered to a minimum of 80°; the salinity increased to a maximum of three pounds of sodium and four ounces of calcium cloride to each ten gallons. Effervescence is produced by dissolving in the bath to every ten gallons of water two ounces of sodium bicarbonate and then adding slowly three ounces of hydrochloric acid previously well diluted. These are also gradually increased up to a maximum of eight ounces of sodium bicarbonate and twelve ounces of hydrochloric acid.

The artificial baths, while very beneficial in many instances of chronic heart disease have, however, never equaled the remarkable successes obtained at Nauheim. For one thing, there is lacking the change of climate, air, and surroundings which the patient finds who can go to Nauheim and which is a powerful remedial agent. Another weakness as pointed out by Hare, lies in the difficulty of thoroughly and constantly saturating the baths with carbonic acid. The means employed are not sufficiently effective.

The writer recently saw an ingenious means of overcoming the difficulty. Dr. O. E. Linjer, medical superintendent of the city hospital of Minneapolis, had a very simple apparatus installed. It consists of a cylinder of carbonic acid, as commercially used, connected by ordinary gas pipe with an oblong ring made of inch pipe and perforated by very fine openings about six inches apart. This ring is placed into the bath tub and the valve on top of the cylinder turned on, when a steady flow of gas

follows which is easily regulated and permeates the entire bath evenly. The arrangement is so simple that it can easily be introduced into a private house. It should serve to popularize a method of treatment which possesses high merit. The writer has observed cases of heart diseas, giving comfort and prolonging life, where ordinary treatment by drugs, diuretics and diaphoretics and sweating had proven entirely ineffective.

DIETETIC TREATMENT OF EPILEPSY.

Matthew Woods, in the Monthly Cyclopedia of Practical Medicine for November, 1906, reports a case of epilepsy of fifty-two years' duration with recovery. The patient was placed on an almost vegetable diet, only a very little meat being given in the middle of the day and each meal being as abstemious as possible, is in epilepsy especially the digestive organs should never be embarrassed by excessive food.

The writer can add from his own experience reports of several successful issues in the treatment of epilepsy—none of such long duration as the one above—from strict attention to diet. But I forbid absolutely all meat, allowing of animal food only butter, milk and eggs. The patient is directed to eat as little as he can possibly get along with. Furthermore, a point of greatest importance, the use of salt is strictly prohibited, the food is to be cooked without salt and even bread and butter must be free from it. Medicinally, bromides are given, preferably the strontium salt. In connection with the salt-free diet much smaller doses of bromides, than usually given, are found sufficient, sometimes not more than two or three grains three times a day. In this way the drug can be taken for a long time without danger of bromism. Very gratifying results have been obtained by this treatment, not only by the writer, but also by one of his medical friends, a man of large experience and excellent judgment. It must be confessed that a reason why abstention from salt should influence epilepsy so favorably cannot be given. The treatment is purely empirical. The suggestion came from medical journals and it has been given before in the columns of the Rundschau. One of the physiological actions of bromides on the system is to hasten the elimination of chlorides. May not in this, the increased removal of salt from the tissues, account for the well known beneficial effect bromides exert upon epilepsy? Medical authorities are now bestowing much attention on the relation between food and epilepsy. They may find the missing explanation. In the meantime give the salt-free diet a trial.

CALCIUM CHLORID.

Arnold Netter reports in Le Bulletin Medical that while so far no method has been found to prevent the appearance of the urticarial eruption after the injection of a dose of serum, he has found that the use of calcium chlorid in the dose of one gram a day on the day of injection and for two days following constituted an efficient prophylactic in a large proportion of the cases. Out of 252 patients who took the remedy as directed there were only a little over two per cent of eruptions, while in 258 cases not receiving it the eruptions were over fifteen per cent. The use of calcium chlorid does not in any way impair the action of the diphtheria antitoxin, the mortality in the two groups being nearly the same. Instead of the calcium chlorid may be used the lactate which has no taste and is also very soluble.

FROM STATE EXAMINATIONS.

Many amusing things crop out in state exams. One man defined carbuncle as acne on an enlarged scale Another named as one of the ordinary medicinal waters aqua regia. dose 10 drops. Fortunately his knowledge of other branches was on a par and he was not given a chance to prey upon a trust-

ing public. In materia medica most of the men, even from good schools, manifest great lack of knowledge. That is a reflection on present teaching methods. They know a good deal about surgical operations and every fresh graduate is eager to invade the abdomen but knows little about drugs and does not care to learn.

Less amusing, but quite as absurd are some of the freak questions asked by examiners. For instance, nurses were asked to give location and physiological function of Froca's convolution, and dentists, in examination on chemistry, to give the formula for bisulphate of quinine. A gentleman who had been associate to the chair of gynecology in a leading eastern school, having to come west and take the state board exam., found, as he told the writer, the examination in gynecology easy; answered every question fully and felt sure that he had made 100 on it. When it came to a show-down, he had been marked so as to barely pass.

PHYSICIANS IN POLITICS.

In the west, physicians have come out as victors in several municipal contests. These doctors were elected mayors of their communities: Dr. J. W. Andrews, Mankato, Minn.; Dr. E. S. Meir, Winona, Minn.; Dr. C. H. Robinson, Wabasha, Minn.; Dr. C. O. Wright, Luverne, Minn.; Dr. W. A. Anderson, La Crosse, Wis. Some of them, as Dr. Anderson, have already gained an enviable reputation as public men. Others are new in this field of activity. We know that all will stand and work for high aims in their official as in their private life and we bespeak for them success.

The Index-Lancet estimates that Kansas City numbers over 2000 cocaine habitues, and suggests that druggists send out runners to peddle the drug in small packages. We hope not.

PRESCRIPTIONS

STIMULATING LINIMENT.

The following is a good stimulating liniment in chronic neuralgia, rheumatism, etc.:

℞

Oil hemlock.
Oil red cedar.
Oil sassafras.
Oil turpentine.
Gum camphor.
Cayenne pepper.....aa ʒi.
Alcohol .....ʒxxxij.

M. Sig.—Apply locally.

TONIC.

The following is a very important tonic:

℞

Boneset leaves.
Yellow poplar bark.
Prickly ash.....aa ʒj.
Golden seal .....ʒij.
Cinnamon bark.....ʒj.
Water .....2 qts.

M. Sig.—Boil this down to one quart and add two pounds of sugar. Dose, tablespoonful immediately before or after each meal.

REMEDY FOR SYPHILIS.

The following is a good remedy for syphilis:

℞

Fld. ext. corydalis.....ʒiv.
Fld. ext. stillingia.
Fld. ext. alnus.
Fld. ext. podophyllum....aa ʒj.
Fld. ext. berberis aquifolium, ʒiij.
Potassium iodide .....ʒiv.
Simple syrup .....q. s. ℥xvj.

Sig.—Dose, teaspoonful after meals and at bed time.

J. A. Burnett, M. D.
Dean Spring, Arkansas.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 MAY, 1907 No. 5

DECAY OF THOUGHT

In the Weekly Med. Review Dr. Lemen speaks of the decadence of the habit of thinking that is so evident in the medical profession of late. This is not peculiar to our own profession. The man of today has no time to think it out. He demands this information in tabloid form, his mental pabulum predigested. The growing tendency to flippancy is deplorable. Solid reasoning is received with impatience; a jest is welcomed and carries mote conviction. Where is the race of men who listened to sermons from dawn till sunset?

Dr. Lemen says: "Is it not the present tendency for us physicians to concentrate our attention upon learning the thoughts of others rather than upon thinking thoughts of our own? Do not the physicians of today depend more and more upon technical procedures worked out for them in the laboratory instead of studying their cases clinically and using their own logical and reasoning faculties to arrive at a sound and unbiased conclusion of their own? Is not the intelligent physician in country practice, who thinks his cases out for himself, other things being equal, really a better doctor than the would be scientific physician of the city, who pins his faith on what he learns, and often misapplies, of the thoughts of others? I am inclined to believe that, in later years, the laboratory research idea is being pushed in advance of the great, broad, liberal work of the clinician, which demands the best thought of a mind both analytical and synthetical, to obtain the best results."

Dr. Lemen has placed his finger on one of the sorest evils of the profession today. It is the great obstacle we encounter in our work. The physician is asked to see, hear, and think for himself: he offers to see, hear and think as some other person suggests.

We must go back. From dead anatomy to living physiology: from the micro-organism to the cell, from Koch to Virchow; from the test tube to the sick room, from the laboratory to the patient.

The demands on the mentality of the physician will be immeasurably increased in the near future. He must not only know what ails his patient, but how to cure him: he must be ready with his effective therapeutic intervention early, while yet there is time, long before the laboratory has completed its job.

In the early days of the civil war, the tale was told of a corps halted by a river. The engineers went to work to make a plan for a bridge. In time they reported that the plan would be com-

pleted by the afternoon; when the old colonel of a Maine lumberman regiment remarked: "My men completed the bridge this morning."

Very unscientific indeed!

AUTOTOXEMIA

At the College of Physicians of Philadelphia, Dr. Forchheimer of Cincinnati presented a paper on chronic intestinal autointoxication. In making the diagnosis he enumerated Rigg's disease, gastric troubles, inactivity of the colon and retention of feces; the presence of indican and other abnormal substances in the urine, and polyuria alternating with oliguria; menstrual disease in half the women affected; nervous symptoms in a large proportion, such as headaches; cardiovascular changes in the majority; gouty joints and muscular ailments in two-thirds; and skin lesions in one-third. In the discussion, Dr. Hare said that in most cases the effects of the toxins were exercised on the nervous system, muscles and joints. He emphasized the need of renal elimination besides purgation.

Altogether we very much fear that if all who accept the doctrine of intestinal autotoxemia are read out of the A. M. A., Dr. Thayer will be some lonesome.

SCIENTIFIC THERAPY

℞

Hydrarg. bichlor. .....gr. 1.
Aquae .....ʒss.

Solve et adde:

Pot. chlor. .....ʒij.
Ammon. chlor. .....ʒss.
Tr. ferri chlor. .....ʒvi.

M. et adde:

Glycerini .....ʒi.
Syr. tolu .....ʒij.
Tr. cinchonae comp. .....ʒij.
Ext. nucis vom. .....gr. viij.
Ext. hyoscyami .....gr. iij.
Pepsin .....ʒss.
Syr. hypophos .....ʒij.
Syr. calcii lactophosphatis ...ʒij.
Tr. cimicifugae .....ʒss.
Quin. sulph. .....ʒss.
Chloroformi .....gtt. xx.
Acid hydrochlor. dil.....ʒiss.
Ol. morrhuae qs. ft.....℥xvi.

M. Sig: One tablespoonful as directed.

This prescription, copied from the American Druggist, was actually written by a physician and sent in to a pharmacy to be compounded. This is the sort of thing for which many have been urging the substitution of single remedies of unvarying action. If anybody thinks the above to be scientific and the right sort of thing to use in the treatment of the sick, we will ask him to tell us for what the prescription was given, and the action from each of the ingredients.

THE WORLD'S DOCTORS

Of the world's supply of doctors, 250,000, the United States contains one-half. But it is significant that while London has to each 100,000 population 128 doctors, and Paris, 111, New York City has but 74. Many more physicians are needed for our widely scattered people than in the dense populated districts of the old world. Then again, we are called upon for many ailments that go untreated among the European masses. In Ireland it is a common remark, when the doctor is called, that the patient must be at the door of death—not as a joke, but because the doctor is not called unless the patient is evidently dying. The way the American resorts to his medical adviser would be looked upon almost anywhere outside of this country as the wildest extravagance.

DIONIN

Dionin is one of the newer remedies used by ophthalmologists which is proving of very decided value. It stops infection and aids absorption.

Recently good results have been reported from subconjunctional injections of dionin in detachment of the retina.

We have had some unusually satisfactorily results from dionin in abscess of the cornea.

Dr. Cheatham, speaking of dionin, in the American Practitioner, says:

"It has a great effect in infections of the eye. Take an infection following a cataract operation and a solution of five or twenty per cent dropped in the eye will stop the infection even if it is down into the vitreous humor. When it is put into the eye one eye becomes edoematous, chemosis occurs and the lids become swollen. The first drop causes pain; after that it is a local anesthetic; the other drops will not cause pain. I do not see why this could not be used in other forms of surgery."

PNEUMONIA

In the Medical Record of March 30, Dr. S. S. Burt contributes an interesting article upon pneumonia. As a predisposing cause of this disease he speaks of the intestinal autoinfection which prevails extensively among overfed, poorly renovated subjects of suboxidation. Failure of the liver precedes heart failure, and is almost as serious. Without much doubt the body fluids contain a substance capable of decreasing, if not destroying, the potency of pathogenic bacteria. Whether we call this an opsonin, or look upon it merely as the product of the phagocytes, as held by Metchnikoff, he considers immaterial. He emphasizes the evil effects of opium and alcohol in lowering vital resistance.

ALCOHOLISM

The following case may serve to justify the optimism which practitioners of up-to-date methods usually display. One of the men who knows something about active principles and who has mastered their application in disease, is Dr. J. M. French, of Milford, Mass. Dr. French treated a man for alcoholism fourteen years ago. The case was the worst of the sort he ever attempted to cure. Recently this man was elected selectman in his home town by the largest vote given to any of the candidates. He has stood firm and shown himself a man during the entire fourteen years. Now the first time you hear a man say that it is of no use to treat an alcohol case because he is sure to relapse, just quote this case to him.

ALCOHOL IN MEDICINE

In a clipping from a newspaper before us we note the percentages of alcohol are given, as found in a number of nostrums; and added to the list are several well known legitimate medical preparations. This incident seems highly significant. The public is going to question the presence of this perilous habit-producer just about as much when ordered by the family doctor as when suggested by the druggist, or purchased from the quack.

EDITORIAL NOTES

Many a country doctor can give Dr. Osler evidence of success in treatment of disease which Osler never dreamed of.

Dr. E. S. McKee, of Cincinnati, calls attention, on page 171 of this issue of The Recorder, to some of the disastrous results of removal of the inferior turbinate. Great care should be exercised in nasal surgery.

The Eclectic Medical Gleaner for May contains an extended article by John Uri Lloyd, Pharm. M., entitled "Physicians and the National Food and Drugs Act." It explains in detail the application of new law to physicians and their preparations. Every physician should understand how this law applies to the medical profession. The article has been reprinted in pamphlet form.

In the Military Surgeon for April, Surgeon Gates of the U. S. navy describes a sanitary scuttle butt that shows great ingenuity. The scuttle butt is where the jackies drink, and the old way was to have a tin cup hanging to the barrel, from which everybody who was athirst might imbibe water, and any stray germs that might be left by his immediate predecessor. Dr. Gates has adapted the fountain cup principle, and devised a "bubbling spring" that has proved satisfactory. This was installed on the U. S. cruiser Charleston, and only after thorough trial did Dr. Gates make his device public.

The Eclectic Medical Gleaner is issued this year with no advertisements, certainly a novelty in medical journalism. This is an example which our state society and other society journals could well profit by. When state medical society journals were first started we heard a great deal of criticism of the advertising pages of the independent journals and a lot of talk about the ethical and high-class advertising which would be in the society journals. So far we have failed to see that the advertising pages of the society journals average differently from the independent journals. The organ of the Wisconsin State Medical Society contain antikamnia advertising and reading notices as well as other advertising condemned by the American Medical Association. The ideal society journal would be one with no advertisements.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., Oxford; J. H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester, Minn; T. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; J. J. Walsh, M. D., New York; J. W. Ballantyne, M. D.; John Harold, M. D., London; Richard Kietz, M. D., Vienna. Vol. I. Seventeenth Series, 1907. Pages 318. Illustrated. Cloth, Price $2.00. —J. B. Lippincott Co., Philadelphia.

This volume opens with an excellent article on the "Psychic Treatment of Some of the Functional Neuroses," by L. F. Barker, M. D., Professor of Medicine, Johns Hopkins University. Dr. Barker discusses the use of persuasion and suggestion which he terms the two great engines of psychotherapy. Dr. F. P. Gay gives an interesting article on "Recent Advances in the Prevention and Cure of Tuberculosis." Dr. David Somerville, of the London Polyclinic in "Diagnosis and Treatment of Gastric Ulcer," gives some excellent suggestions

on treatment and diet in this disease. Dr. . S. Waithin, of the University of Michigan, has an instructive article, illustrated with plates, on "The Clinical Diagnosis of Enlargement of the Thymus." "The Functional Capacity of the Heart," by Dr. Geo. W. Norris, is a valuable article. Dr. F. S. Dennis, of New York City, contributes an interesting report of two months' service at Bellevue hospital. Dr. Nicholas Senn, of Chicago, reports a surgical clinic at the Presbyterian hospital. "A Clinical Lecture on Neurotic Affections of the Joints" is an excellent contribution by Chas. A. Morton, F. R. C. S., Professor of Surgery in University College, Bristol, England. Some other articles are: "Opening of the Pleural Cavity without Pneumothorax," by Th. Treffier, M. D., Paris; "Affections of the Umbilicus," by A. Ernest Gallant, New York; "Intra-Ocular Angiosclerosis," by G. E. de Schweinitz, M. D., Philadelphia; "Hysterical Mutism," by G. Hudson Makuen, M. D.

This volume is the annual year book issue and contains abstracts of last year's medical literature. This review of the progress of medicine during 1906 is presented under three heads—Treatment, by A. A. Stevens, M. D.; Medicine, by David L. Edsoll, M. D., and Verner Nisbet, M. D.; and Surgery by Joseph C. Bloodgood, M. D. The volume is profusely illustrated with half-tone plates and colored plates. This is an unusually good issue of this publication.

TEXT-BOOK OF PSYCHIATRY. A psychological Study of Insanity for Practitioners and Students. By Dr. E. Mendel, A. O., Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 Pages. Crown Octavo. Extra Cloth. $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

There are many works on psychiatry that are too comprehensive for the practical use of practitioners and students, but this book supplies exactly what is needed. The author for many years has been in the front rank of German men of science and his investigations in nervous and mental phenomena have added vastly important data to these complex studies. It is especially in psychiatry that he has won enduring honors and is consequence was selected to assist in the revision of those sections of the Prussian code of criminal procedure relating to the insane. This work is the result of a lifetime of observation and bears the stamp of thoroughness and scientific acumen. The editor has made an excellent, literal translation, but has omitted the Prussian procedures relating to the insane, and substituted the New York State laws and commitment form. We commend the book to those seeking a work on this subject.

A PRACTICIANS HAND-BOOK OF MATERIA MEDICA AND THERAPEUTICS, based upon established physiologic actions and the indications in small doses. By Thomas S. Blair, M. D. Pages 253 Cloth. Price, $2.00, net. Published by The Medical Council, 4105 Walnut Street, Philadelphia, Pa.

Many physicians, being above sectarian prejudice would honestly use that which is most useful in the materia medica of each different school if it could be clearly pointed out to them and separated from that which is of doubtful value. There is no doubt that each sect has something of value in the agencies it employs in the treatment of disease, or its practice would soon fail.

Around this nucleus they have accumulated much material that has little scientific value. It is the duty, as it should be the pleasure, of the physician who wants to do the best he can for his patients to study each school of therapeutics with a view to adopting anything in it that may be better than his own. But there is very much ground to go over, and much of it is stated in peculiar, exclusive terms, not the common language of the profession at large.

Dr. Blair, a regular physician of very high standing in his profession, has made a close study of the materia medica and therapeutics of each of the sectarian schools, has for many years tested their methods and remedies in his extensive practice, and has carefully noted in each one that which every practicing physician should know and be able to adopt in his practice.

The methods of obtaining the medicinal qualities of the various plant drugs are given, showing that our regular manufacturing pharmacists prepare some of them in a reliable manner, while the eclectic and botanic manufacturers prepare others better, and still others are better prepared by the homoeopathic manufacturers. These points of excellence in certain drugs are usually the ones that distinguish the particular school and give it whatever success in treatment its practicians achieve. In discussing these certain preparations the reasons why the sectarian brands are stronger, purer or more uniform than those found in other shops are clearly pointed out.

BOOK NOTES

"Practical Fever Nursing," by Dr. Edward C. Register, will soon be issued from the presses of the W. B. Saunders Co., of Philadelphia. Dr. Register is well known as the editor of the Charlotte Medical Journal and as professor of the practice of medicine in the North Carolina Medical College, at Charlotte, N. C. He is a well read, widely traveled, and a polished, dignified gentleman. He has always enjoyed a large and lucrative practice in his home city as well as in near-by towns and in adjoining states. From his varied and ripe experience in the profession the doctor is in a position to write authoratively on the subject of "Fever Nursing."—Gaillard's Southern Medicine.

Staggering to our matter-of-course ideas on the punishment of crime is Brand Whitlock's article, "What Good Does it Do?" in the May Everybody's. The brilliant young mayor of Toledo presents what is usually termed the idealistic view with a cogency and power of conviction that are bound to arouse discussion. Leroy Scott describes his recent sojourn among the Russian terrorists in an article of unusual personal and dramatic interest. The career of George Westinghouse, a fascinating narrative, is the second of the "Romances of Success." Ernest Thompson Seton contributes one of his intimate animal studies, and there is an eminently readable article on "Modern Masters of Music."

In the May American Magazine Ray Stannard Baker goes on reporting the facts about the increasing antagonism between whites and blacks in this country. Assistant District Attorney Train of New York County reports "The Patrick Case, Complete"—in which an ingenious conspiracy crumbled and a famous crime was exposed. Mr. Train's article is really a great murder story. Walter Prichard Eaton writes a fine character sketch of Oscar Hammerstein, the wonderful New York Jew who has succeeded in establishing a grand opera house that is a real competitor of the Metropolitan Opera House. Miss Tarbell, continuing her history of the tariff, has reached the early 80's. David Grayson writes another of his "Adventures in Contentment."

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

A good local anesthetic for spraying abscesses before lancing is made with ether and chloroform, 16 to 1.

* * *

To Remove Coating From Instruments Which Have Been Boiled. Prepared chalk, ammonia, alcohol aa 2 parts, water 4 parts. Rub the instruments with a cloth saturated with this solution, then rub them dry with another cloth.—Dental Cosmos.

* * *

Corrosive Sublimate Applied Without Pain. Appleman (American Medicine) states that when solutions of mercuric bichloride are made with normal salt solutions instead of water, they do not cause the slightest pain when applied to the mucous membranes.

* * *

Dr. Wade Thrasher, of Cincinnati, recommends as a spray in rhinitis:

℞

Cocaine hydrochlorate 1.00
Adrenaline chloride, ...
.....(1-1,000) 7.00
Sodii chloridii 0.75
Aquae dest. ad.....100.00
M. S.—

* * *

Instruction in Materia Medica. Fullerton (Journal of the Minnesota State Medical Association) says that if surgery were taught in dilettante way that materia medica is in too many of our medical colleges, surgical cases would be to a great extent in the hands of the instrument makers, who would be instructing the surgeon through their commercial travelers, as the medicine houses are attempting to do with the general practitioner.

Lanolin As An Excipient. As an excipient for pills where there is an object in having the drug contained to reach the intestines unchanged by its passage through the stomach, lanolin is recommended (Pernegl Lekarski). It is not dissolved by the gastric juice but is broken up by the fat splitting processes of intestinal digestion. Its melting point should be about forty-five degrees centigrade.

* * *

A Tooth Powder. Hugenschmidt (L'Union Pharmaceutique) recommends

℞

Mentholis.....gr. vii. 0.50.
Phenylis salicylatis...dr. ii. 8.00
Castile soap.....dr. v. 20.00.
Calcii carbonatis....dr. v. 20.00.
Magnesii carbonatis, oz. i. 30.00 ol...
Menth. piperitate....gr. xv. 1.00

M. S.—Use on tooth brush. If salivary calculi be present in large quantities from two to five drachms of the powdered pumis stone should be added to the formula.

* * *

Burns and Scalds. Hare (Practical Therapeutics) recommends:

℞

Acidi picrici....5.00 or gr. lxxv.
Spiriti rectifiati..75.00 or oz. iiss.
Aquae destillatae..1,000 or 0 ii.

M. S.—Fiat lotion. Gauze is soaked in this solution, covered with a dry pad of absorbent cotton and held in place by a light bandage. The dressing may remain unchanged for several days. All blisters should be pricked when dressing is changed. The dressing should be moistened with the solution before changing.

Writers Cramp. Hartenberg (Archives of Neurologie) patient aet 37 had complained of writers cramp for fifteen years, which had proven unyielding to any treatment. He was directed to apply a rubber tube tight around the biceps for twenty minutes each morning and evening. The patient at the end of a few weeks had almost entirely recovered. The difference in the patient's handwriting before and after the treatment strikingly illustrated the benefit derived.

* * *

Congenital Tooth, Death Following Extraction. Dr. Jules Simon (Revue International de Prothese Dentaire) reports an infant born with a fully developed central incisor, which at the advice of the attending physician it was decided to extract as it seemed to interfere with the nursing process. The tooth was removed and the little alveolus was dried with a pledget of cotton. Two hours afterwards an intense hemorrhage set up which persisting—notwithstanding all the means employed by the physician—in a short time caused the death of the little sufferer.

* * *

Alcohol Sciatica. Dr. John V. Shoemaker gave a clinical lecture on this subject recently, (Medical Review of Reviews, March, 1907) in which he gives some good points as to treatment. First of course, remove the cause which in these cases is alcohol. Relieve the excruciating pain which at first must be done with hypodermics of morphine and atropia at or near the situation of the sciatic nerve. Internally he ordered the following prescription:

℞

Tincturae nucis vomicae.
Fluid extracti hydrastis.
Fluid extracti cimucifugae . . .
. . . . . .aa oz. ss or 15.00. . .

M. Sig.—Begin with 20 drops three times daily after meals and at bed-time, increasing the dose one drop every day. When the sciatica is due to gout rheumatism or syphilis treat the cause and the sciatica will often disappear. Baking the limb in a heating aparatus is one of the best means to cure the disease. Counter irritants, the galvanic cautery being the best, and blisters of cantharides and iodine are often of great value. Complete rest in bed and often the application of a splint are very conducive to recovery.

* * *

Rhinitis in Infants. F. von Torday, Jahrbuck fuer Kinderheilkunde, emphasizes the importance of curing rhinitis in infants. In some of his cases of purulent rhinitis death followed without any complication. In some others pyaemia with purulent peritonitis was the outcome. The obstruction to breathing and nursing is only a small part of the disturbance due to rhinitis in infants. As the infant is forced to breathe through the mouth while throat and tonsils are still undeveloped, the danger of infection becomes much greater. Vaginal infection during birth he thinks, is the cause of much rhinitis. The introduction of the suprarenal preparations has improved the infant's condition very much. This is especially true if the discharge be aspirated beforehand. A few drops of a one per cent silver nitrate solution or a three per cent peroxide of hydrogen solution afterward will be found useful. On suspicion of diphtheria, antitoxin should be injected without awaiting for bacteriological confirmation. Six of the author's eighteen cases terminated fatally. Streptococci and staphylococci were found in these cases.

* * *

The Treatment of Sciatica is discussed by Fowler in the Practitioner for March, 1907. He considers it a pain of the sciatic nerve due to a primary localized interstitial neuritis. It may also be secondary to some growth, or inflammation in strictures contiguous to the

nerve. It may also be stimulated by various conditions. Toxemia, sepsis, rheumatism or gout often predisposes to it. It may be excited by pressure, strain, cold and so forth. Active inflammation in the nerve and its sheath have been actually observed. Voluntary movement is seldom lost and the muscles seldom deteriorate. Herpes and oedema of the leg are occasional symptoms. Rest in bed is the initial requirement in the treatment of this disease and the support of a splint is frequently helpful. The diet should be liberal, alcohol being excluded. For aperients use the salines and the blue pill. Counter-irritation by the various methods is usually effective, but if this fails the nerve may be stretched. Galvanism and other forms of electricity are often beneficial, as also X-rays. Massage may be used in the latter stages but is contraindicated early. Hot baths are highly recommended. If anodynes are necessary a daily injection of hyoscine is preferable to any other narcotic.

* * *

Atrophic Rhinitis. Dr. G. L. Richardson, in the Journal of the American Medical Association, reviews some of the more recent literature and theories of this disease and finds little support in the facts for the theories that have been advanced for its aetiology. That it is secondary to accessory sinuses disease; that it is dependent on the special conformation of the parts, that it is due to excessive dryness of the atmosphere or that it follows the purulent rhinitis of childhood. It has not been proven in any case that the bacilli that have been found in the lesions of atrophic rhinitis are responsible for anything more than the odor of the disease and Richards is inclined to the view of Cozzolini, that it begins primarily in the bone, as an atrophy of the medullary blood vessels, becoming later a periostitis or a rarifying ostitis, and the micro-organisms play only a secondary part, as the most reasonable of all which have been advanced. The etiology is as yet an undetermined one and the subject for further study. There seems to be a predisposition, sometimes hereditary, apparently, but just what constitutes this predisposition is undetermined. The various measures proposed for treatment are reviewed and the result is rather discouraging. It all seems to reduce itself to the thorough cleansing of the nasal mucous membrane and the use of some application which produces a mild stimulation. Severe remedies do not seem to have any advantage over milder ones. He hopes that a specific may be found and that the future will give a successful treatment. Notwithstanding his pessimism as to a perfect cure he always tells patients that they can be improved, which is true, and that with careful self-care, they can keep the nose free from crusts and have a reasonable degree of comfort. In a few cases, in young persons, where he has been able to control the treatment for a sufficient length of time it seems to him that he has brought about a cure.

* * *

Longevity. Sir T. Lauder Brunton, London Lancet, considers the nature of risks which old people run and how best they may be forseen and averted so that great activity in advanced years may be the rule instead of the exception. The risks may be divided into those which arise from external influences and those which arise within the body itself. Erysipelas is a common cause of death among the aged and should be greatly diminished by antiseptic measures. Respiratory diseases carry off many old persons. They are usually consequent upon exposure to cold, yet pathological organisms play a most important part. Many so-called common colds are very infectious and readily transmitted. Dust is a most important factor in the causation of colds. Aged people should

be protected from dust, from cold, and from sudden changes of temperature and draughts. Wind square in the face is little to be dreaded but on the back of the neck or on the side of the head is much more dangerous. One of the most important means of securing health is to increase the patient's power of resistance. The peripheral vessels of the whole body should be trained to alternate with heat and cold; this is best done by daily baths, exercise and walking. In old age intestinal diseases of bacterial origin are extremely rare. Cancer is a common cause of death among the aged; it cannot be said how much faulty nutrition has to do with this. Diet has a most important effect upon diseases of circulation which are more fatal among the aged than cancer. Arterio-sclerosis, with its attendant evils, is the greatest enemy of longevity, and arterio-sclerosis is the result of heightened blood pressure, which in turn is most often due to faulty diet, excessive use of meat, strong soups, etc. The blood pressure should be kept down and life will be prolonged. Chologogues and purgatives, potassium iodide, the nitrites and nitrates are all useful to this end.

* * *

Endo-Nasal Surgery. In a paper read before the Cincinnati Academy of Medicine and published in the Cincinnati Lancet-Clinic, Dr. A. B. Thrasher, a widely known rhinologist and laryngologist, discussed this subject fully. The doctor has been in the business long enough and has been successful enough to talk conservatism, which he did. The lower turbinate is not so frequently or so completely sacrificed as formerly in making an endo-nasal opening into the maxillary sinus. The removal of the anterior third is usually sufficient. An opening just below the gingival fold is, indeed, frequently all that is needed to give thorough access to the antrum, and a small counter opening through the nose is only made sufficiently large as to admit of post operative cleansing and treatment.

The round granular hypertrophies on the posterior surfaces of the lower turbinates, which Jarvis taught us to remove with his snare a score of years ago, we now often leave alone and find that our patients are just as well off. The post nasal discharge which was then attributed to these hypertrophies, is now found to often come from some of the accessory sinuses, and to be the probable cause of such hypertrophies.

The foregoing remarks fairly indicate what the doctor thinks of endo-nasal surgery, its legitimate field and its limitations. He did not go into the field of cosmetic work except to say that he should try to confine it within the same bounds.

The nose must be kept or made patulous, the openings into the various accessory nasal cavities must be unobstructed. Offending tissues, diseased beyond repair, whose physiological functions are permanently destroyed, should be surgically removed.

Nothing should be done which impairs the normal function of the nose, and, above all, the lower turbinate, which stands as a protecting sentinel at the gateway to the lungs, must not be sacrificed except as an urgent necessity.

I do not see as many cases of complete removal of the lower turbinate now as formerly, yet occasionally a victim drops in suffering from one or more of the serious consequences resulting from a destruction of this organ. The protection of the middle meatus being suddenly removed, micro-organisms more readily penetrate the ethmoidal or sphenoidal cells of the frontal or maxillary sinuses.

In a case recently under my treatment it was thought necessary to convert the antrum and parts into one large cavity to relieve a purulent sinusitis of the antrum as a direct consequence of the removal of the left turbinate.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Oriental Rugs.—Now that Oriental rugs are coming into general use in American homes it is well to remember they may be the source of disease. The Bulletin of the Illinois State Board of Health says:

That Oriental rugs may be the means by which disease is transmitted has recently been pointed out by the French Academy of Medicine and the Pasteur Institute at Constantinople. A number of cases of bubonic plague were found for which there could be no assignable cause, except that a shipment of Oriental rugs, of indefinite origin, had recently been received in the community in which the disease appeared. On investigation by the Pasteur Institute it was found that the rugs had been used, as is the general custom, to serve as beds, bedcovers and carpets in the hovels of the rug traders—filthy abodes in which contagious and infectious diseases frequently occurred.

The lover of rare, old rugs of the Orient will do well, before bringing their treasures into their homes, to see that they are thoroughly disinfected. The fumes of formaldehyde are found to be entirely harmless to the fabric and to the rich colors of such rugs.

The New Anesthesia.—Kreuter, reporting one hundred cases of chloroform anesthesia preceded by scopolamine and morphine, pronounced the results satisfactory in 86 per cent. His conclusion is very much in favor of the method. Uncomfortable thirst follows, but this he considers a valuable feature, indicating general inhibition of secretion, an important prophylactic against post-operative pneumonia.

Laurendeau also reports favorably on this method, giving morphine gr, 1-5, and scopolamine hydrobromate gr. 1-50, three times at intervals of one and one-half hours. He says the toxic coefficient is less than that of chloroform, the manipulation easier, the administration more definite. It may be employed in phthisis, heart lesions, or cachexia.

Dr. M. A. Newell, Albany, N. Y., says: Hyoscine, morphine, cactin comp. has given me great satisfaction and my patients great comfort. In one case of gangrenous appendix, I feel they saved the patient's life, as the patient slept all night, with no vomiting or nausea and practically no shock. In an operation for cystocele and repair of perineum in a very nervous patient, no nausea followed, and the patient was perfectly comfortable at all times. The same results in amputating the cervix and curetting. The patients seem to have no fear of operation when they take this anesthetic. In my medical practice I find it a very useful combination and use it to advantage in some case nearly every day."

Care of the Family Refrigerator.—In the January Recorder we called attention to the necessity of proper care of the refrigerator. In the March issue of that excellent household magazine, Good Housekeeping, we find the following "Refrigerator Alphabet" which is worth considering:

All refrigerators must be used with judgment.

Beware of drain pipes connected with sewer or waste pipes or even discharged on the ground.

Clean, scald and sun the refrigerator at least once a week.

Dark, ill-ventilated halls are not fit places for refrigerators.

Every day put ice in the ice chamber; a little every day will keep an even temperature, while if this is neglected, much more ice will be required to chill the air current.

Food should be carefully looked over, and so far as possible placed in covered dishes before going into the ice box.

Germs are good friends of an ill-kept ice box and must be continually fought.

Hot sal-soda water is ideal for the weekly scalding.

Ice should be carefully rinsed before placing in the ice chamber, even though the distilled variety be used.

Joints and hinges must be strong and reliable; a loosely hung door is responsible for much waste of ice.

Keep butter and milk on the top-most shelf, that they may have no opportunity to absorb odors.

Linings of tile need and deserve proper care. If there is a wooden casing, prevent warping by keeping the refrigerator where it will be exposed neither to extreme heat nor cold.

Manufacturers have succeeded in obtaining air-tight, well ventilated construction; it remains for the housekeepers to se that there are no careless leakages.

Never allow an ice box to be washed by simply pouring hot soapy water through it; ordinary soap should never be used in a refrigerator. Scouring soap and alkalis for zinc or metal and alkalis for porcelain linings are alone permissible.

Only eternal vigilance will keep the most expensive variety in a sanitary condition, and with such care the cheapest grade may be satisfactory from the standpoint of health.

Porcelain lined refrigerators can be washed as easily as china, and while the first cost of such a box is large, their arrangement seems nearly perfect for keeping food sweet and making ice last.

Quickly close the lid of the ice chamber when fresh ice is put in, but open the lower doors until the ice begins to melt, then shut tight.

Refrigerators should never stand in a draft or in the kitchen; both tend to melt the ice fast.

Sanitary ice boxes provide a current of dry, cold air. If a match, left in the food compartment for twenty-four hours, refuses to ignite, the refrigerator is out of order, or improperly used.

The temperature of the food compartment should hover around 40 degrees Fahrenheit. It will never reach as low as 32 degrees, but should not mount higher than 45 degrees.

Under no conditions allow cheese a place in an ice box. Its strong odor will be absorbed by other foods, no matter how good the construction of the box.

Ventilation is secured in a good refrigerator on the principal that heated air rises; as the air over the ice box is chilled it passed downward, surrounds the food compartments, rises as it becomes heated and finds its way out, making a rapid and continuous current.

When ice gets very low, before putting in a fresh supply, air the box by opening all doors and remove the food; the fresh air will be quickly and economically chilled.

Xtra precautions to prevent ice from melting are not economical; ice must melt in order that the desired temperature may be reached.

Your refrigerator will respond to intelligent care as quickly as the range or furnace.

Zealous, unremitting attention to the details of cleanliness seems to be the price one must pay for an indispensable convenience, the refrigerator.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

POWDER BURN OF FACE

By E. Kuder, M. D., Coffeyville, Kansas.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who when playing with other boys exploded about two ounces of coarse black shooting powder in a little earth mount, and not being quick enough to turn away got the most of the discharge into his face; even the conjunctivae of both eyes were blackened, and from the burn and subsequent inflammation shut tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with antiphlogistine, and applied it about one half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one half hour later the little patient, a very sensible child, rested very comfortably free from pain, and slept a few hours soundly. About 24 hours later I removed the whole mask from the boy's face and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of cocaine adrenalin.

Another remarkable circumstance is the fact that the boy at the same time go tentirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well was discharged as cured.

AMPUTATION OF THE THIGH UNDER HYOSCINE-MORPHINE-CACTIN ANESTHESIA

By Henry G. Ebert, M. D., Assistant Surgeon in the Public Health and Marine Hospital Service.

I wish to report the successful use of the hyoscine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one third.

The tablets used were those put up by The Abbott Alkaloidal Company, and contained hyoscine hydrobromide, gr. 1-100, morphine hydrobromide, gr. 1-4, cactin, gr. 1-67. Injections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout operation and for several hours afterward. No ill-effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the stitches afterward than at the itme they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short

handed as it does away entirely with the anesthetist and the space and care necessary in the transportation of ether or chloroform.

The absence of inconvenient after-effects is a most valuable feature of this preparation in field work, while the ability to perform serious operations promptly is of particular advantage; but of equal utilty in active service is the possibility of securing complete rest and anesthesia in cases of injuries too extensive to permit of immediate operative attention, such as in visceral injuries of the abdomen, chest or head. It seems a good thing for the military surgeon and should come into favor with him.—The Military Surgeon, May, 1907.

CHRONIC GASTRITIS AND ULCERATION

In chronic gastric inflammation and ulceration the treatment should consist in rest, close attention to diet and secretion, and medicines applied symptomatically as indicated. In severe cases absolute rest in bed should be enforced until the symptoms have subsided. The food must be easy of digestion and non-irritating, taken in small quantities and often. If the case be an external one, rectal feeding should be adopted until the stomach is able to retain food comfortably. It is largely conceded now by the profession that bovinine is the nourishment tactily indicated in all such cases, using anywhere from ten to thirty drops, according to the case, every one or two hours, in milk that has been peptonized, water or cold bouillon.

For this administration, it has been conclusively proven that the stomach gets almost absolute rest, even while receiving the full nourishment; and so that most perfect nutrition of the system, including the diseased part of the stomach itself, is kept up without interruption, without irritation, and without injurious functional labor.

MAY MAGAZINES

Leading articles in McClure's Magazine for May are: "The Fight of the Copper Kings," by C. P. Connolly; "The Entrance of Ezekiel," by Lucy Pratt; "Reminiscences of a Long Life," by Carl Schurz; "The Elemental," by Edward S. Pilsworth; "Chicago as Seen by Herself;" "A Fight in One Round," by Michael Williams; "Mary Baker G. Eddy," by Georgine Milmine.

* * *

Some of the leading articles in the May Cosmopolitan Magazine are: "The Pretty Woman in Photography," illustrated in color, by Sadakichi Hartmann; "My Life in the Underworld"—A Confession, illustrated in tint, by Jack London; "Mark Twain, Mrs. Eddy, and Christian Science," by Edward A. Kimball; "The Unglorified Spinster," by Elizabeth Meriwether Gilmer; "Allies of the Criminal Pool-Rooms," by Josiah Flynt; "The Last Years of Andrew Jackson," by Alfred Henry Lewis.

* * *

The World To-Day contains: "Shanty-Boat Folks," illustrated, by J. Leisk Tait; "How the Jewish Immigrant is Cared For at New York City," with portraits, by A. S. Isaacs; "Japan as a Colonizing Nation," by K. K. Kawakami; "Packingtown To-Day," illustrated, by Shaller Mathews; "Patriots Who Are Not Soldiers: Frederick J. Furnivall, Richard Bartholdt, The Fighting Spirit of Eva Booth;" "The Artist Out-of-Doors," illustrated, by James Spencer Dickerson; "The New Brazil," illustrated, by Paul S. Reinsch; "Mining the World's Diamonds," illustrated, by W. G. Fitz-Gerald; "Progress City," illustrated, by Charles J. Bushnell; "The Lighthouse Service of the United States," illustrated, by C. H. Claudy.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X JUNE, 1907 No. 6

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 150 May Recorder)

FIBROUS TUMORS AND KELOID OF THE EXTERNAL EAR.

These conditions are seen affecting the lobule, as a rule, and when large cause a noticeable deformity so situated as to be difficult to conceal.

Fibrous tumors are seen developing within the lobule, and keloid growths are seen following wounding of the lobule. The wound made in piercing the ear, for the wearing of an ear ring, is particularly likely to undergo keloid development. This is due to the subsequent irritation in keeping the opening patulous.

Where the tumor is of a fibrous nature and has developed beneath the skin of an uninjured lobule, the growth should be removed. If a portion of the growth be allowed to remain it will re-develop.

To remove the tumor from an uninjured lobule the parts should be cleansed and the ear all about the tumor infiltrated with a dilute solution of cocaine. The tumor should be approached from behind and close to the attachment of the lobule to the head, or along its inner margin. The incision so situated leaves a scar hidden from sight.

When the tumor is reached the dissection should be carried about it until it is free, and in doing so care exercised to avoid puncturing the skin.

Having removed the tumor, bleeding is checked, if necessary, by syringing the cavity of the former site of the tumor with a one to five thousand solution of the active principle of the suprarenal gland.

When the bleeding is controlled the wound made in excising the growth is approximated with sutures. In some instances, the former site of the tumor becomes distended with a blood clot, but this need cause no concern as it will gradually disappear.

After the operation should it be found that the lobule is too thin and is diminished in size as the result of the removal of too much tissue, the parts are cleansed and a few drops of paraffin deposited in the lobule to increase it to the normal size.

Keloid growths are removed by complete excision and the parts carefully sutured. These growths are likely to return and at the present day the best plan for a patient to pursue is to allow of repeated excision until a time in life is reached where no further tendency

for it to return exists. After middle life is passed, keloid growths diminish in size and disappear, as a rule. These growths are not often met in the white race.

THE REPAIR OF CLEFTS AND FISSURES OF THE EXTERNAL EAR.

The most common form of cleft seen in the ear is the one acquired by the tearing out of an ear ring. Such an accident, properly treated, should not be followed by the development of the cleft we are sometimes called upon to repair.

Where the surgeon is consulted immediately following tearing out of an ear ring, he should cleanse the wounded part and with fine scissors trim away any lacerated shreds of tissue. The parts are sutured with catgut or silk and an antiseptic dressing applied.

After cleansing the lobule and its contiguous area where such has an acquired cleft in it, the surgeon infiltrates both sides of the cleft and with scissors or scalpel denudes the margins of the cleft. This accomplished, the parts are approximated with gut, silk or horsehair. This is the operation which is to be performed where practically no tissue has been lost from the lobule. In some cases we see a lobule which has suffered this accident, and from which a wedge of tissue has been torn. Such a lobule should not be denuded in the manner previously described as already a deficiency of tissues exists from which to reconstruct the lobule, and this first method of denudation calls for further sacrifice of tissue. The denudation may be accomplished in such a manner that no tissue is removed from the lobule. This is accomplished by separating the cleft of the lobule and making an incision along the margins of the cleft midway between the anterior and posterior surfaces of the lobule. This incision, when widened, presents two raw surfaces, one on each side of the cleft, and these are brought together with sutures as in the former operation. In widening the incision made along the margins of the cleft, a pair of fine scissors are used to an advantage. In some cases a very neat operation is performed by making the incision along one side of the cleft near the posterior surface of the lobe and near the anterior surface along the other side of the cleft. The tissues are freed in one direction only so that two small skin flaps are formed. These flaps are sutured so that the interval of the cleft is obliterated. Where one side of the cleft heals, leaving an irregular scar and the other is comparatively smooth, this technic is used to an advantage, the smooth flap being so formed that it is used anteriorly and the rough or cicatrized one posteriorly. Where the deficiency in the lobule is decided, the tissues are re-united as I have outlined and the operator improves the appearance of the lobule after healing occurs by depositing in it a few drops of paraffin. In this work the needle should not merely be forced into the lobule and a mass of paraffin deposited at one point, but the needle should be carried about so that the lobule will be infiltrated with the paraffin. The paraffin is molded into a smooth, even plate as fast as it is deposited. If it is simply deposited in a lump subsequent atrophic changes may render it noticeable and unsightly.

THE REDUCTION OF THE SIZE OF THE LOBULE.

We sometimes see patients with a lobule unduly large and thick, and in such instances surgical means may be taken to diminish the size of the lobule.

The lobule is operated upon after the parts are infiltrated and any quantity of the lobule removed with or without a portion of the skin.

The operation should be performed through an incision situated posteriorly and close to the side of the head. The incision may be transverse or perpendicular. If the lobule is merely too thick, a very short incision suffices for the introduction of the points of a pair

FIGURE 1

Figure 1. The lobule of excessive size or length. This condition should be corrected by incisions made posteriorly.

FIGURE 2

Figure 2. Direction of incision for shortening lobule. If any excess of tissue is removed through the incision, then it is closed in a direction at a right angle to its course.

FIGURE 3

Figure 3. Operation completed for shortening the lobule.

FIGURE 4

Figure 4. Direction of incision for lengthening lobule.

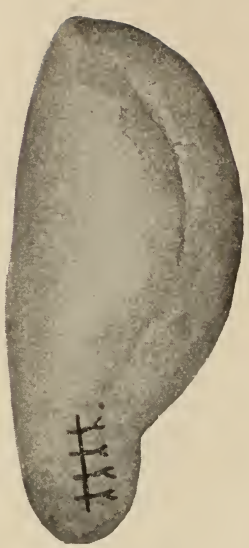


FIGURE 5

Figure 5. Operation completed for lengthening lobule.

FIGURE 6

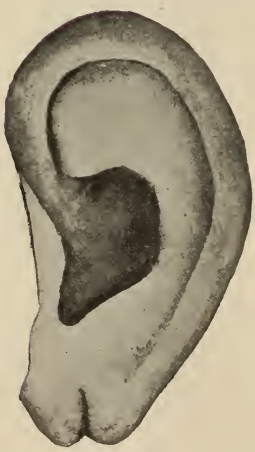


FIGURE 7

FIGURE 8

Figures 6, 7 and 8. Laceration of lobule as result of tearing out of ear ring.

FIGURE 9

Figure 9. Lobule restored.

FIGURE 10

Figure 10. Illustrating manner of excising growth through incision made on posterior surface of ear. Scar is hidden after operation and consequently not objectionable.

of curved iris scissors and a portion of the soft parts from the middle of the lobule is excised. The excised portion is lifted out and the operator notes whether or not the desired effect is obtained. If not the procedure is repeated until a satisfactory result is secured. The cavity of the lobule is then syringed out with a mild antiseptic solution and the small incision in the skin closed.

If the lobule is too long or too broad a portion of the skin is excised in one or the other direction and the parts carefully sutured as before. In some cases the lobule appears too long and too narrow. To overcome this the preliminary incision should be made in a direction parallel to the long axis of the lobule. When the excess of tissue has been removed the line of incision is sutured in the direction opposite to that which it originally pursued, the result being a shortening and a broadening of the lobule. The operation above described is reversed where the lobule appears too short and too broad and in this way a narrowing and lengthening of the part is secured. It is important in this work that the incision which is altered in direction, be fairly deep so that the greater portion of the structures of the lobule are altered in position.

(To be Continued)

Chloroform for Rigid Perineum.—Chloroform may be used as suggested by Southworth in the following combination to overcome a rigid perineum in labor:

℞

Chloroformi.....60.00 or oz. ii.
Aetheris.....30 or oz. i.
Spiriti odorati.....500 or 0 i.

M. S.—Apply locally. This mixture acts quickly and well, large heads safely passing the perineum, which had previously threatened an extensive rupture.—E. S. McKee, M. D.

SURGERY OF THE STOMACH

By Drs. Pennebaker and Tripp, Pleasant Hill, Kentucky.

An important requisite for treatment in stomach affections is the early differential diagnosis between symptoms that point to organic disease of the viscus itself, such as inflammations, ulcerations, malignant new formations, and manifestations dependent upon, or perversions due to quite other than gastric lesions.

In no other organ do serious functional disorders originate from causes so diverse; the vomiting of pregnancy and that which may originate from cerebral disease well illustrate how the stomach may be deranged without any fault of its own to account for it. It is a good rule in dietetics, when any article "repeats" that is connected with the food, by having its taste returned from the stomach, to accept this as evidence that the organ is giving notice that it does not want any more of it; and this holds good quite as much in the case of medicines. Tight lacing and belts were being worn in seventy-five per cent of women met in one year's practice; they had prolapsed stomachs, and thirty-three per cent of them had movable kidneys, in consequence of the constriction of the waist.

Blacksmiths, who tie their apron-strings, and who cast off vest and suspenders to give freedom to the arms, thus suspending the clothing by the apron-strings, have often badly dilated stomachs. The military officers, who carry heavy swords in their belts, have prolapsed stomachs frequently; the same do hunters who sustain their clothing by the belt, as also do many farmers. Neurasthenics have dilated stomachs, and there are two classes of cases, viz., one in which the viscus is primarily affected, entailing on the organism perturbations; the other, in which neurasthenia commences and the affection of the stomach completes the tableau. The

dilatation of the stomach which causes the nervous phenomena, will in most cases, be found to be a hereditary malady. It results directly from a toneless, paretic state of the gastric muscle; subjects of gastriectasis will be likely to transmit a similar condition to their off-spring. The train of morbid phenomena depend upon the penetration of the economy by toxines, which result from vicious fermentation taking place in a dilated stomach. These toxines produce a veritable systemic poisoning; the passage of the organic ferments or alkaloids through the liver congests that organ, which may give rise consecutively to a crowding down of the right kidney, a displacement which tends to become permanent. To combat the consequences of neurasthenia, various mechanical means, such as belts, supporters, etc., are employed; these help to support the misplaced abdominal organs. The altered viscera, however, cannot be restored to their primitive shape and volume by these means, and their adjuvants, electricity, hydropathy, gymnastics, massage, etc., are not radical in their ultimate effects.

Gastroptosis causes symptoms erroneously attributed to nephroptosis. If we find a splashing sound can be produced in the region of the navel, and farther down, and none above, this shows adhesions. If there can be produced a splashing sound way down in the region of the pubes, the stomach is dilated. The heart in gastroptosis, according to Dr. McCaskey, is dilated and remains so until general mal-nutrition is overcome. In diagnosticating dilatation of the stomach, percussion of the stomach is more to be relied upon than inspection. The greatest difficulty is experienced in differentiating the percussion note as the examination proceeds distalward where the colon is approximated. The comparatively horizontal position of the stomach speaks for the normal, especially if the inferior border is above the umbilicus. Frequent use is made of distending the stomach for diagnostic aid; for this purpose carbon-dioxide gas is easily attainable by administering a seidlitz powder unmixed, giving the acid first. Such distention changes the gastric percussion, and the eye assists the ear in determining its limits. Distention of the stomach is safe and not disagreeable; at times the peristaltic waves can be seen during dilatation. There seems to be little excuse for the practitioner who blunders by prescribing for dyspepsia when the stomach is in a vertical position, reaching almost to the pubes.

As the disease progresses the individual will suffer with symptoms of disordered nutrition. The most perplexing cases of gastriectasis are those of neurotic origin. Gastric drainage, especially gastro-enterostomy, rests the organ, permits the escape of the secretions and injesta, and increases the nutrition.

To expose the interior of the stomach, a transverse incision three inches in length through the abdominal wall is made, half way between the pyloric and cardiac orifices. A short rectal speculum, two inches in length and one-half inch in diameter is introduced into the viscus, and the fluid removed by suction. Then by inserting one hand behind the organ, almost the whole of the mucous surface can be passed in review with direct illumination. The stomach is an organ which when sutured is very likely to heal by first intention; cat-gut is never used as a suture material, for fear of the solvent action of the succus gastricus upon the stitches.

Enlarged lymph glands are present in the majority of cases of disease of the stomach, marked by retention of food.

Exploratory laparotomy should invariably be made whenever analysis of the gastric juices reveal lack of pepsin, with the presence of lactic acid, after a trial breakfast; or when medical skill is unable to increase the weight of the body.

Gastric juice for examination is taken when the digestive process is at its height, and when the injesta will not interfere with the removal of the liquid; the vomit should not be used. A trial breakfast consists of a few pieces of bread or a bun, in all two or three ounces ,and a cup of water or tea. One and one-half hours after the meal a flexible fenestrated stomach-tube is introduced and a syringe is attached; two or three drachms, withdrawn, will be sufficient for the test. For the examination of the stomach contents for diagnosis, the "stomach-bucket" of Einhorn is a useful little instrument. The bucket is useful for withdrawing a small portion of the gastric fluids, especially in nervous subjects, who at times object to the stomach tube. If small portions of the withdrawn juices be combined with an equal portion of the solutions of Boas or Gurzburg, it will be easy to determine the hyper- or subacidity of the gastric juice. The subduction of lactic acid during digestion is dependent upon the absence of hydrochloric acid; and the inhibition of its formation is furnished by hydrochloric acid. Should the formation of lactic acid continue longer than normally, and the quantity be excessive, a series of pathological symptoms are produced.

In testing it is desirable to know whether lactic acid is present or not. Hammersten's ferment (the milk curdling ferment) is always present in health, with the possible exception of infants from one to two years old; it is absent in serious disorders of the stomach, such as cancer, and atrophy of the mucous membrane. It is in excess in conditions of hyper-secretion and undue acidity; when hydrochloric is wanting or greatly diminished, the ferment is absent or reduced in amount. Subacidity is associated with motor insufficiency and deficient powers of absorption. Bacterial and yeasty development will cause an excessive acidity, and there is concomitantly a formation of various organic acids, i. e., lactic and butyric Septic changes in the ingesta occur and veritable putrefaction takes place which is intimately associated with the formation of ptomaines. Splashing under the umbilicus, obtained by succussion five hours after the injection of food, visible peristaltic and anti-peristaltic waves and vomiting of long retained foods are aids in the diagnosis of motor insufficiency of the stomach. This fact is only assured by the discovery that the viscus is not empty seven hours after a test dinner, or three hours after a test breakfast, or even more positively after a night's fast. The motor weakness may occur suddenly in neurasthenics, and after errors of diet, but a sudden onset is apt to occur after trauma, even if the injury does not directly affect the stomach; it is then due to a paretic condition of the organ. The condition is frequently present in connection with epigastric hernia. The treatment calls for a dry diet when the stomach cannot empty itself, of moderate quantities of liquids, and when the patient cannot rest after meals local treatment is always indicated to remove food remnants and to prevent fermentation. Gastroenterostomy is in order when massage, hydrotherapy, electricity, etc., fail. Insistence should be made against the milder methods of treatment of an operative character, i. e., of only breaking up adhesions, as such cases relapse and are often worse than prior to attempts at surgical relief.

Among the many persistent and rapidly prostrating diseases acute gastritis is one of enormous momentum. An individual the subject of this disease is soon made aware of the fact that he must have relief, or else his vitality must succumb. Acute inflammation of the stomach is often a menace to life; when so, it is almost invariably caused by toxic agents. It requires a great deal of discernment and care to determine its nature in many cases; ex-

clusive of corrosive poisoning, the most frequent factor in etiology is, in this country, spirit drinking. Vomiting alone, as a symptom, is not sufficient for diagnosis; it occasionally happens that peritonitis when accompanied with emesis may require differential diagnosis. When the trouble is produced by some corrosive there is likely to be diarrhoea also. The fact that favus disease may appear in the stomach and intestine, though doubtless it occurs often unnoticed in patients suffering with this loathsome blight, gives to favus an importance of great moment; it also suggests precautions in the management and treatment before not considered. It is possible that the gastric mucous membrane must have been in a most peculiarly unhealthy state, which made it for the time a nidus for the growth of the fungus. The mucorineae unlike the schizomycetes, are able to proliferate in acid fluids, and they may produce their characteristic lesions in the stomach with probably fatal results in severe cases, if once they are permitted to enter the alimentary canal. The stomach was removed from a patient who had suffered for some time with favus universalis; the disease had given rise to an abscess of the thigh, and the case had ended fatally in consequence of a severe gastro-intestinal disorder, marked by an uncontrollable diarrhoea. The mucous membrane of the stomach showed numerous erosions, mingled with diphtheritic swellings, while some foul putrescent masses and much mucous were found in the intestine.

The microscopic examination confirmed the diagnosis by demonstrating the presence of the achorion Schonleinii in the so-called diphtheritic swellings. It is a well known fact that this achorion is one of the most hardy, inveterate and persistent of all parasites; that it will resist the action of most germicides, and that its spores will live for a very long time in almost any natural medium. The favus cup may crowd the papilla of the skin and produce cellular infiltration which presses upon the cutis, while the surrounding area becomes the seat of inflammation. Suppuration therefore is sometimes an accompaniment of the disease, the surrounding or subjacent tissues being the seat of ulceration or abscess. Now if this solution of continuity should open a blood-vessel or a lymphatic, it is possible that the spores, which average about one-half the diameter of a red blood corpuscle, may be carried into the circulation, where they would live until lodged in some tissue favorable to their development. At the present day, every imaginable symptom connected with gastric insufficiency is considered an indication for lavage of the stomach, i. e., chlorosis, atonic dyspepsia, the gastric crises of ataxia, and even reflex vomiting. Attacks of tetany and convulsions sometimes result from washing out the stomach; there are also a number of cases reported where sudden death followed the procedure. Perforation of the stomach has followed it and gastric hemorrhage has supervened after the same. One patient was taught how to wash out the stomach himself, which he did well and for months, twice daily: about two weeks after he began the lavage, he was awakened one night with a choking sensation and tetanic rigidity of the neck muscles, which soon spread to the muscles of the extremities. This rigidity subsided in an hour, and as the relief obtained was great, the patient persisted in the treatment.

This symptom is an occasional after-result of gastric lavage, first described by Ewald; the spastic symptoms have gone into general convulsions, ending in death. Dr. A. D. Bundy, reports the case of a woman who was having lavage for stomach trouble—this at the hands of an itinerant physician. At the third operation, the patient fell back and suddenly expired. The post-mortem examination showed the stomach dilated and in an advanced condition of chronic in-

flammation with ecchymotic spots; her heart was fatty. Death was probably caused by cardiac paralysis from the shock of the operation.

Dr. John T. Pitkins performs the operation in a different manner. Two small-sized, semi-elastic pieces of white rubber tubing one yard in length, are selected. The patient assuming the dorsal decubitus, the two tubes are introduced into the stomach, to the extent of one-half of their length. The bulb of a Davidson syringe is now fitted to the free end of one of the tubes, and from one to three pints of very warm water are injected. The syringing is now discontinued, the instrument disconnected, and the tube lowered into a proper receptacle and allowed to act as a siphon; while this is being done, the bulb is again attached to the fre end of the other tube, and the injection continued until the distended ventriculus discharges only clear water.

Should the efferent tube become obstructed, the current is reversed and the patient adds to the vis a tergo by taking a deep inspiration. If the mucous accumulated in the stomach is too viscid to discharge, liquor calcis is added to the wash water in the proportion of one part to three; mucin forms a perfect solution with lime water. After the use of the stomach tube as ordinarily practiced, the recurrent method, according to Dr. Pitkins, will evacuate large quantities of mucous and other debris, which the tube failed to remove. Local medication to the washed stomach is valuable, and liquid applications are best. As a rule the irritation caused by the passage of the stomach tube, increases with its size. Before its introduction, the tube should be carefully lubricated, for which purpose the white of an egg, mucilage, or even milk is useful. An excellent plan is to let the patient swallow slowly, just before the passage, a drachm or two of pretty thick mucilage; vaseline, glycerine and oil are unpleasant and on no account to be used. The average distance from the incisor teeth to the cardiac opening in the stomach, in the adult is, according to Maylard, from fourteen to sixteen inches. The contra indications for the use of the tube for diagnostic purposes may be given as recent hematemesis, peritonitis, pregnancy, diseases of the heart or arteries, especially aneurism, and feeble conditions and great weakness.

In regard to the effect of heat on digestion, says Dr. Fleischer, in the majority of sound stomachs, by the application of warm poultices over the epigastrium for five or six hours, immediately after a meal, the period of stomach digestion could be reduced about one hour. Cold seemed to have no effect whatever.

A man aged about fifty-three years, for several years had suffered with recurrent epigastric pain. In his last attack preceding death, a rise of temperature and increase of pain characterized the symptoms. At the necropsy death was found to have been caused by an ulcer of the pyloric end of the stomach, which was partly adherent to the pancreas; extravasated stomach contents had caused purulent peritonitis.

Pylorectomy is indicated in cases of recent perforation of the stomach by ulcer, the contents of the viscus being pressed into the abdominal cavity. The same procedure for stricture following round ulcer, is feasible in the majority of cases, and it indicated. Uncontrollable hemorrhage from round ulcer which threatens life, is a clear indication for gastrotomy, not necessarily for pylorectomy. Perforation of an ulcer of the stomach into the abdominal cavity, is an imperative and vital indication for laparotomy, and consequent gastrotomy and gastrorrhaphy.

Gastric fistula is at times encountered as a pathological entity; as in the case of a woman of forty-five years, who had a gastric ulcer of four and one-half year's duration. This formed adhesions

to and perforated the abdominal walls, inducing the above condition.

Gastro-entero-anastamosis finds an indication to give absolute rest to the stomach, as in ulceration, where the accompanying pain becomes unbearable; or the hemorrhage becomes dangerous from the abundancy or frequency of recurrence. In perforation of the stomach from any cause, existing peritonitis should not stand in the way; the main contra-indication is exhaustion. Sub-phrenic abscess most frequently is caused by appendicitis; the next most frequent excitation is gastric ulcer.

Dr. J. Boas, of Berlin, finds that a dorsal point of tenderness exists almost as constantly as the epigastric tenderness in gastric ulcer, and that the dorsal point is so sharply circumscribed, that for diagnostic purposes, it has more value than the region ventrad. It is found to be left and on a level with the tenth to twelfth dorsal vertebra—rarely higher or lower. It lies, usually, directly against the vertebra—rarely some distance from it. A painful point from ulcer will not bear nearly so much pressure as one due to other causes. Vomiting is almost universally a prominent symptom in gastric ulcer; it relieves the pain. Hematemesis of more than a teaspoonful of blood almost infallibly means ulcer or cancer. Cirrhosis of the liver (and those very rare cases of ulceration into the venous plexuses of the oesophagus) are the only other causes of marked hematemesis besides ulcer or cancer.

Cancer of the stomach is characterized by a complete absence of or marked diminution of hydrochloric acid, and by a permanent loss of appetite, not a variable one; by a tongue furred, not red, as in ulcer; and by pain which is not localized and is also less intense than in ulcer. In a series of thirteen hundred cases of carcinoma of the stomach, one-half involved the pylorus; one-half of these again, were uncomplicated by any involvement of the lymphatic glands. In five hundred and forty-two cases of cancer of the pylorus, only two hundred and ninety were free from metastatic deposits, infiltrated glands, and adhesions. Thus it can be demonstrated that one-fourth of all cases of carcinoma ventriculi would come within the reach of operation. Death often results from mere mechanical obstruction, long before the patient would have been exhausted. Von Weinwaster has shown that recurrence is not as frequent or as rapid as in mammary cancer, and permanent recovery is not less frequent.

It is notable that cancer usually develops upon organs well supplied with blood vessels; organs which in their nature, are subject to changes in their growth or structure, and whose functions subject them to much manipulation or usage, as the breasts, lips, uterus, stomach, etc.

In Jesset's work on cancer of the alimentary tract, he makes clear the greater frequency of cancer of the pharynx, oesophagus and stomach of men; in the stomach there is a preponderance in favor of men.

G. Bogdan looks upon superficial varicosities on the cheeks as a valuable help to the early recognition of certain cancers, to be seen in about two-thirds of the cases of carcinoma which have come under his observation. This is particularly frequent in cases of epithelioma of the stomach and uterus, but less common in malignant growths of other organs. In cases of cancer of the cardia and oesophagus, the motor power of the stomach remains normal, or sometimes proves to be increased; while in the same disease of the pylorus it is exceedingly diminished.

Three cases of gastric cancer spreading to the abdominal wall are reported; in two, gastro-enterostomy had been performed, and the malignant growth developed secondarily in the line of incision as several small tumors. In the third case, a large part of the stomach,

a number of mesenteric glands, and the growth on the abdomen were removed by operation, and the patient made a satisfactory recovery.

In cancer of the pylorus, jejunostomy invites less risk than gastro-enterostomy and requires less interference in its performance with the other organ. In jejunostomy the patient's condition is about the same as it would be from gastrotomy, in that he is fed through a fistula; but in the former procedure there is less probability of regurgitation of food than after gastrotomy, which factor is a serious drawback. In exceptional cases, the whole stomach forms a palpable tumor, when shrunken from stricture of the cardia, or from simple malignant cirrhosis. It may then be felt as a firm, ridge-like tumor, but three-fifths of all gastric tumors are situated at the pylorus. Tumors of the cardia are never palpable. The majority of stomach tumors are cancer, and gastric tumors are commonly moveable, and apparently changeable in size according to the distention of the organ; they do not follow the respiratory movements save when very large, or when they have formed adhesions. It may be seen or felt that the gastric tumor participates in the movements of peristalsis, from left to right; the opposite would be the course of tumors of the colon. A stomach tumor will be lifted up, frequently behind the liver, by filling the colon with water or air; sometimes there is distinct pulsation from the underlying aorta, but this condition can generally be differentiated from aneurism by the lessening of the pulsation, in the knee-elbow position.

Tumors of the duodenum can practically never be differentiated from gastric new growths, by physical examination; and with all the differential points in diagnosis, there will be many cases where understanding can only be had after the abdomen has been opened; and some instances where it cannot be made even then, if the patient is alive.

Pylorectomy for cancerous stricture is successful in only a limited number of cases; gastrotomy is indicated with a view to local treatment. If the cases can be selected, and if details be carried out with rapidity and care, pylorectomy should yet rank as an operation; in patients that have recovered, adhesions were absent and the operation did not last over two hours. In the fatal cases, the patients were already worn from the disease, and the tumor was in each instance attached to other important viscera.

The establishment of a fistulous opening into the stomach has proved to be the simplest, most rational and safest of all operations for the relief of cancerous stricture of the oesophagus; likewise gastrostomy is held to be the best and safest operation for simple stricture of the oesophagus.

Most of the methods of performing gastrostomy have the disadvantage of not enabling the fistula to be perfectly closed, thus inhibiting the outflow of the stomach contents. Hacker forms the fistula through the rectus abdominis. Hahn makes the parietal incision parallel with the lowest rib, and the stomach is opened through the eighth intercostal space. Frank, for oesophageal cancer, incised parallel with the border of the ribs and drew out a large fold of stomach; he then undermined the skin and drew the gastric fold through a second opening in the eighth intercostal space.

In malignant diseases of the stomach, palliative measures are hardly justifiable. Gastro-enterostomy has the almost fatal objection that the cancer is left, and the patient must invariably succumb to it after a variable time.

Dr. Anton Wolfer was probably the first operator for gastro-enterostomy; he was an assistant of Dr. Bilroth. Dr. Bilroth soon followed with another for inoperable pyloric cancer. The patient after the operation was seized with bilious vomiting, which continued to the

tenth day; an explanation accounting for the vomiting, was found in the drawing of the intestine towards the stomach, which formed a spur that divided the opening between the two viscera, into two unequal parts, the larger portion of which communicated with the proximal part of the intestine. Dr. Reeves made the first gastro-enterostomy in England for malignant disease of the pylorus.

One of the great inconveniences after gastro-enterostomy, is the passage of food into the proximal opening of the enteron, where it accumulates and often determines fatal results. Many of the methods, i. e., the valvular, secondary and jejuno-jejunal anastamoses do not remedy the trouble. The most practical procedure is the invagination of the stomach into the intestine, so that the intussepted gastric cone presents an opening directed to the lower opening of the intestine. The chief indication for gastro-enterostomy is for stenosis of the pylorus, for neoplasms involving the pylorus and duodenum, and for cicatricial contraction of the pylorus or duodenum, cancer is the most common indication for operation. The formation of a vicious circle, expressed by the reentrance of the bile, pancreatic secretion, etc., into the stomach by a return circulation from the upper end of the intestine, are the cause of grave disturbances that follow. The correction of this, when the first operation proves insufficient, taxes the resources of the surgeon to the greatest degree.

The report of a case so operated upon by Hans Kehr, will make evident the difficulties to be overcome. The patient was twenty years of age, and had been suffering from gastroptosis, with estosia and motor insufficiency of the stomach. The first operation was a gastro-enterostomy after von Hecker's method, but as this was followed by regurgitation of bile, an enterostomy according to Braune, was done; vomiting, however, recurred, and then Wolfler's gastro-enterostomy was performed, and for a while the patient did remarkably well. But soon vomiting with loss of weight recurred. At the fourth operation an entire obliteration of Wolfler's gastro-enterostomy was seen to have taken place. This time a portion of the intestine was resected, the Roux-Wolfler's gastro-enterostomy done, and finally an entero-enterostomy completed the operation. The result from this last procedue was for the time being, at least, as satisfactory as possible. The operation being done for pyloric stenosis, as this is generally the result of a neoplasm, we can hope for but paliative results only. The immediate results are of the best, and the patients have been known to live two years; if the stenosis is merely cicatricial, the operation is curative.

The malignant form of pyloric stenosis is to be differentiated from stenosis caused by caustics, that which is formed by the cicatrix of a gastric ulcer, and the constriction of the pylorus in consequence of a sclerosis. The hypertrophic form takes origin from a chronic catarrh, which culminates in a thickening around the pyloric ring; i. e., in that part of the ventriculus where the layers of tissue, especially the muscular fibers are most abundant. Although nonmalignant, this is a grave disease of the stomach which cannot be cured by internal medicine. The diagnosis is arrived at by clinical symptoms, and the differential diagnosis may be difficult; the long duration may be sufficient to exclude malignant disease. The prognosis is fatal save when operation is done.

Hahn performs intubation of the stomach; first gastrotomy is done, and the tube carried through the stenosed-pylorus into the duodenum and left there. Prof. Loreto, of Italy, proposed and performed gastrotomy, which was followed by digital or instrumental dilation of the strictured pylorus. In these cases of stricture the symptoms are caused by the enormous expansion of the stomach. The patients gradually

grow worse, finally cannot retain anything upon the stomach, nor can they vomit in the last stages; they become dropsical and die of marasmus. Stenosis of the pylorus may be congenital. At the end of the fourth week after birth, the infant was greatly constipated and began to vomit. At two months the condition pointed to pyloric stenosis. The findings of the stomach tube showed the viscus to be enormously dilated, with no free hydrochloric acid; there was present lactic acid. The operation, gastro-enterostomy, after Wolfler's method, confirmed the diagnosis; the wound was closed and the patient made good recovery. No particles of food could be washed from the stomach, two and one-half hours after feeding.

In extirpation of the pylorus, the preparation for the operation consisted only in washing out the stomach with an ordinary tube, and the usual preliminaries for a laparotomy; the temperature of the room was regulated to 87° Fahr. The duodenum was adapted to the opening left in the stomach, about fifty sutures of carbolized silk in all being used. Iron dyed silk is desirable, as the stitches will be visible, a matter which may be of some moment in operating.

An operation for resection of the stomach was made in January, 1890, for carcinoma, involving three-fourths of the organ; three-fourths of the organ was removed, the resection being very easy, as the duodenum was supplied with a long mesentery and the lymphatic glands were not infected. It was thus possible to make the incision through the gastro-colic omentum close to the great curvature, and to prevent shrinking of the cicatrix, the peritoneum was united to the deep fascia with five buried sutures, and finally with continuous catgut stitches. The patient recovered.

Carl Schlatter, in the final report of a case of total extirpation of the stomach, in a woman suffering from carcinoma of that organ, states that the death of the patient was due to multiple carcinomatous metastases, and could not be attributed to inanition due to insufficient nutrition. An entire year had the fifty-seven year old woman lived free from suffering, without a stomach, and had even gained in bodily weight during that time. Up to within the last week of her life she had been able to go about outside of the hospital; but then, with the appearance of cachectic symptoms, had rapidly succumbed to the malady.

The contra-indications to resection of the stomach are found in a general bad state of the body, and the existence of metastases in the viscera or lymph ganglia; also when certain immovable adhesions have formed with the duodenum or oesophagus.

Benedict has devised a method which makes it possible to trans-illuminate the stomach and large intestine. The inflation can be accomplished in a short time by means of a stomach and intestinal tube, and a balloon bulb. Viewed then through the flouroscope, the correct size, shape and position of the stomach are said to be visible, and a tumor of that organ to be as discernable as the heart in a trans-illumination of the chest. It is claimed also that dilatation, hour-glass contraction, and as well, anomalies of position and shape of the stomach can be recognized.

Safe Hypodermic Anesthesia for Major Surgical Work. Numerous physicians have reported ideal results from anesthesia with hyoscine, morphine and cactin compound. This combination is also excellent for false pains, pending miscarriage, especially from excess of fetal activity. It also has a superior efficacy in relieving the atrocious pains of renal and hepatic colic, where it leaves the old morphine atropine combination hopelessly in the rear.—E. S. McKee, M. D.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 155 May Recorder)

As we have learned some of the reasons why this individual is urbiquitious and incidentally dishonest, we might spend some time in ascertaining the mental process by means of which he is possible.

I asked an old time neurologist how the modern expert came into being and was highly entertained and much enlightened by his reply: "The modern expert is due to present conditions in the legal field. We start with a man who has a good equipment of brains, and has succeeded in mastering his subject pretty well. By accident the law calls on him to give evidence on some abstract question of right or wrong. He is attacked viciously by the attorney, and by reason of his knowledge and their ignorance of his subject, worsts them in the battle. He leaves the stand with his ego inflated and dilates and dwells on his victory in much the same manner as a small general might after an engagement. He magnifies its importance and gradually inoculates his friends with the idea that he has wonderful ability and he finds himself a marked man. Everybody pats him on the back and calls him a good fellow. He finds himself much sought after in other cases and he begins to look forward to those engagements of wits with great pleasure.

"He begins to write articles upon the topic in which his inflated ego is very evident. Soon he gathers a following of disciples around him who swallow every word he says as gospel truth. In a small way he becomes a 'little tin God.' His teachings are accepted without question and everybody compliments him upon his wonderful head and tells him that he is a wonder.

"Now it is an axiom in neurology that the use of a certain section of the brain causes an increased supply of blood to the part which will be followed by hypertrophy—later atrophy and death. So the victories of our friend and the praises of his satellites causes his ego to develop rapidly until he becomes almost insufferable to the common human animal who is not educated enough to recognize genius when in its presence and they usually carry away a verdict of a 'conceited ass' as a memory of our coming expert. About this time our mental prodigy has progressed to a point where he don't get a good night's sleep, being compelled to lie awake to admire his growing ego and see that it is properly recognized by his immediate family. He can talk only of his importance when awake and dream of it when asleep with the result that this part of his brain gets no rest night or day. It hypertrophies and dominates the rest of his faculties until the victim is miserable, when no one is around to admire him. It is about this time he is 'ripe' for any dishonest 'lawyer' or doctor to use him either to incarcerate some individual in the insane asylum or help railroad him to the penitentiary as may be thought best by the interested parties.

"By tickling his vanity and touching his pocket-book no difficulty is experienced in getting the expert to accept your ideas of a case and to put the full force of his diseased ego to maintain the contention in court. A few years of this kind of public service gives us a spectacle of a lunatic passing upon the sanity of others. Some of these people are so unsound and shrewd at the same time, that a lot of rabid dogs would be of less danger to a community."

I am inclined to think that the old fellow has sized up the proposition in about the right proportion and if nothing is done to apprehend these lunatics there will come a time when no individual will be safe if it is to the advantage of any class of people to get rid of them. It has got to a point now where it is impossible to hang a rich

murderer no matter how outrageous his crime may have been. We find the medical liar spinning theories, and weaving webs to cover the technical difficulties of the individual case, until a murder trial has resolved itself down to a play of words with many kinds of meaning. To see a great expert go onto a stand and commit perjury and try to cover it up with high sounding but meaningless words as 'brain-storm,' adolescent insanity, degeneracy, etc., etc., ad nauseum and do it for a paltry sum of $5000 is disgusting and is calculated to bring the medical profession in even greater contempt with the public than it is already being held. Every right-minded physician should condemn with his whole heart and soul these vicious attempts to interfere with the court of justice for the almighty dollar, and with tongue and pen let these scoundrels know what we think of them. They are at the beck and call of any rascal with money enough to tempt them, and the whole force of their intellect is for sale to the highest bidder. Alienists, they are called, and alienists they must become and be excluded from the ranks of an honorable profession. When a recent notorious murder was committed by a rich parasite, an undulation was produced from the Atlantic to the Pacific. Every alienist immediately set to work to get his pull in order that he might feast on the dead carcass and get some of the dirty dollars that still remained of a swollen fortune. The whole country was informed daily by our enterprising but misguided press with all the revolting details of a polluted moral atmosphere; of course the medical vulture was there in all his glory, perverting the truth and lying in the interest of his pocket-book. The people of the commonwealth put to thousands of dollars' expense trying to maintain the majesty of the law, and all set at naught by the subtility of the paid medical liar. And still we wonder why a sharp public mistrusts our motives. Wherever you find a dead carrion there you will find these medical vultures tearing with beak and claws, each trying to get his share. Let a man die whom the community has always looked up to with respect, and let some disgruntled heir attack the will and our great expert is in his glory. Every act of the man's life is gone carefully over, every action marked, and we are brought to the astonishing discovery that our friend was a lunatic and therefore did not know enough to make a will. Usually these vultures stand in with some probate judge and furnish the evidence so that the legal conspirators can rob the estate with impunity and if the people realized the actual amount of robbing that is carried on in the probate courts where the fatherless family is robbed outright with no hope of redress, they would form mobs and lynch the legal scoundrels who are responsible for the existing conditions. The judge is powerless and has to acquiesce in the schemes or lose his position. Your political boss gets his hands in the assets of nearly every estate too small to hire a good lawyer to look after it.

Are you rich and have you a wife you would like to get rid of quietly? Well, it is very easy! Just make her good and jealous of you first, and when you get her in the proper nervous state and succeed in developing ideas of personal injury in her mind, just call in one or more alienists and make an insanity charge against her. I assure you it will work as "slick as grease; as Josh Billings used ao say, "All hell is greased for the occasion." You don't believe it, I hear you say. Well, just interview one of these fellows with your tale of woe and see what advice he gives you. Of course he advises his private sanitarium in preference to the public asylums, and it is a cinch she will remain insane as long as you come up with the price. She will make a remarkable recovery, however, if the stream of dollars stops coming regularly.

This illustrates the folly of the peo-

ple tolerating the confinement of people by private interests, with no public supervision, no publicity and nothing to prevent the superintendent doing as he pleases with the inmates.

It can be said truthfully that for a consideration you can get anyone put away as long as you think necessary. Do you know that in some eastern states the law allows two physicians who have been in practice over five years, to certify to the insanity of any individual and by submitting this evidence to any judge, he will commit the person to any institution desired, without an appearance in court. Many of the western states allow a person to "consent" to his imprisonment without a court hearing. The consent can be proven by two witnesses, so easily procured nowadays when perjury is an every-day occurrence.

This is one phase of the medical evil where I have been baffled in getting tangible evidence. The owners of these "legal disappearance institutions" are so shrewd and sharp that it has been found impossible to get an investigator within their walls, either as a patient or attendant. They apparently cater only to the rich and well to do, and have shown an ability to choose attendants little short of supernatural, and while they will not take these people in their own institution they have no hesitation in giving a letter to one owned by some other physician which has led to the conclusion that some sort of an organization exists among them to give evidence in favor of the other fellow's institution and keep their own skirts clear if a "cyclone" happens along. While I have not been able to get authentic information from my own sources, I have listened to the stories told by people who had been confined there for family reasons. The first, a girl twenty-one years old, belonging to one of our new rich families, conceived a violent attachment for the coachman who was a member of her own strata of society and was determined to marry him despite the disgrace it would bring upon the family, and as persuasion had no effect she was confined to her room for several months, when she nearly succeeded in getting away and the family seriously began to question her sanity. Two alienists were called in and decided she was suffering from "melancholy" and was in need of sanitarium treatment in order to save her mind. Her "consent" was secured and she was hustled off to an institution many miles in the country in the middle of the night, while she was suffering from a large dose of chloral. Here she was confined in a sound-proof cage and got her meals through a small door, and kept in this place for eight months, when she starved herself by concealing the food. Her health failed rapidly and it was thought best to remove her to the hospital part of the house. By feigning illness and maintaining an apathy she succeeded in taking the nurses off their guard until an opportunity presented itself one night to get out in her night-gown. A friendly farmer's wife concealed her and wrote her lover, and they eventually were married.

The lover was so angry that the law was investigated to see what he could do towards punishing the fiends who had caused her so much suffering and he found that everything was regular as she had "consented" to her confinement and they had several witnesses to that effect.

The story is continued in a way that is not of much interest to physicians. The arrest of the girl on an alleged larceny of some napkins from the institution and the simultaneous arrest of her husband for larceny of a harness. The attorney dismissing the case against her, and the attempt to kidnap her while leaving the court room, her rescue by a politician all make romantic reading from the novelist standpoint, but what do we think of it from our point of view?

It is said that Rome died from prosti-

tution. Rome died from a polluted moral atmosphere and a rotten judiciary and before its death was in just the same position as this country is today. The almighty dollar is the God of the people, and there never was a time in ancient Rome where the judiciary was as rotten as it is in this country today.

The law in this country is used by designing men to oppress and rob the unprotected citizen. It is perverted and misinterpreted in the interest of cliques and certain types of people. Technical and trivial points are used to protect scoundrels and defeat the ends of justice.

Equity has disappeared from our courts and pull, perjury, and politics are rampant among our judiciary. It would not surprise me within the next twenty-five years, to see our President's chair put up like the imperial crown of Rome and sold to the highest bidder.

If you steal a ham, the majesty of the law is frightful and you are sure of a term in the penitentiary. Steal seventy million dollars and you are a railroad king or a high financier. Borrow five dollars to play upon a game of cards and you are a thief. Borrow five million and a half while the treasurer of a huge trust to buy the controlling interest in a railroad at an important election, and you become a leader in society and can drive a big red automobile.

While we, as physicians, have nothing to do with the crooked way the courts are doing business, we owe it to our fellow citizens to see that no member of our profession supplies the necessary "cog" to make these robberies legal and with tongue and pen should fight these evils before the public until the scoundrels in our profession seek their holes.

I have been able to go out in the market and buy testimony that would save a party from an asylum, and prevent the appointment of a conservator, and I purchased it cheap, but to the story. A woman whose husband died leaving her a comfortable fortune and several step-children who had use for the money but little use for her. The old girl, who had always had her nose on the grind-stone while she was "queen" of her household, suddenly decided to see something of the world, and she made her headquarters at one of the best hotels, and had a habit of getting up in the night and taking a train for somewhere. It didn't seem to make much difference where, if it was very different. One time she might bring up in Hawaii, Europe or Asia, and at times she would ride from the Atlantic to the Pacific for no seeming reason except to keep a Pullman drawing-room from getting lonesome, and after living upon the fat of the land for a few years she developed a nympho-mania with a decided preference for gentlemen of color.

Of course every trip she made reduced her income and caused a pain among her step-children and they decided to put a stop to the shameful waste of good money by shutting her up in some institution and having one of themselves appointed conservator. The conspirators had the machine well greased. She was called upon by two alienists one evening, and she entertained them grandly, but instead of waiting for the circus to start in the morning, she left in the night for Cuba. The old girl suspected something was in the wind and made arrangements with a legal friend of mine to "cog" the game with loaded dice.

I, being appealed to, started out to get sufficient medical testimony to spoil this game by appealing to the alienist's vanity. I gave them the story as substantially told above and incidentally mentioned the fact that I had a couple of hundred dollars about my clothes for any testimony that would leave her free to pursue her own way. I had no difficulty in getting what I wanted and the old girl is free to go where and when she pleases. The other two alienists swore she was insane and that she had "consented" to confinement, but they

did not show much disposition to fight, when charged with perjury and conspiracy.

This is the class of "cattle" the medical profession has given to the country to settle law questions, where great questions of right and wrong are involved. What do you think of them? How would you like to trust your liberty or that of your family to these fiends in human form?

Listen to the great (?) tuberculosis expert in New York, getting up in a convention of physicians and declaring that there is only one treatment for chronic tuberculosis, and that is plenty of morphine. Give them morphine and let them die quickly and without pain. "I always treat my patients that way," and lo! and behold this sentiment was applauded in a convention of experts.

Is it not possible that these people have become so scientific that they have lost all perspective of human life? By what law of either God or man does any human being presume to put his own knowledge above the mysterious and unknowable law of nature, and decide to cut short the span of human life.

It appears to me that something is radically wrong with all of our medical colleges and their methods. Instead of turning out a good physician they give us an individual suffering from a violent attack of "laboratoritis."

This disease is peculiar inasmuch as its main symptom is pathognomonic. It regards every human animal as a legitimate subject for experiment. Listen to the great expert (?) Osler, in a recent newspaper effusion: "If physicians would only forget there is such things as drugs and study pathology they would become better physicians." Just so! Be sure and kill your patient so you can get a fair chance to study his pathology. It don't make any difference to him—he is dead! But think what a wonderful doctor it will make of you to study his body after death.

Seriously, is it not time that the rank and file of the profession wake up and tell these fellows some great, wholesome truths about themselves, and tell it to them in such a way that they are not likely to forget it as long as they live?

(To be Continued)

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee.

(Continued from page 157 May Recorder)

ACUTE GASTRITIS.

As the hot season approaches we instinctly begin to look for gastro-intestinal troubles among our little clientele.

In this paper we shall consider gastritis, which is an acute catarrhal inflammation of the gastric mucosa, characterized by local pain, tenderness, nausea, vomiting and fever.

The predisposing causes are heat and unhygienic surroundings. The exciting causes are chiefly dietetic, such as the eating of spoiled foods as beef, fish, milk, ice cream, unripened fruit, overeating, etc. Taking cold and being unduly exposed are predisposing factors. The disease accompanies several of the severe acute infections.

Morbid Anatomy. The gastric mucous membrane is congested, swollen and covered with tenaceous mucus and sub-mucous hemorrhages are seen. The normal gastric juices, especially the acids, are replaced by lactic and fatty acids. The inflammation may involve the whole gastric mucosa but is chiefly apparent at the pyloric end, from whence it may extend into the duodenum or beyond.

The important symptoms are more or less epigastric pain with nausea, vomiting of watery mucus admixt with bile and fermentation acids, but hydrochloric acid is absent. The vomiting causes temporary relief only and the stomach becomes very irritable, in serious cases rejecting even water. There is a fever ranging from 100 to 102 degrees with a

pulse rate of 100 to 120 per minute. The bowels are usually confined.

In making a diagnosis, poisoning is to be excluded by the history. Among the infectious fevers, scarlet fever is to be excluded by the absence of strawberry tongue, punctiform rash and a rapid pulse rate; influenza would be likely to have a respiratory catarrh, neuralgic pains in the head and great depression. The more continued cases of gastritis might resemble typhoid fever or meningitis. Typhoid fever would show the rose rash, enlarged spleen and the blood would show in time the "widal" reaction. Meningitis might be distinguished by retraction of the head, ptosis, strabismus, pupilary inequality, the hydrocephalic cry and the vomiting occurring without reference to the little patient taking food or medicine into the stomach.

Phlegmonous and toxic gastritis will be reserved for a future paper.

Treatment. The child should be kept perfectly quiet. The stomach, if not emptied spontaneously, should be assisted by lavage or copious droughts of warm water. Relieve thirst by giving small piece of cracked ice. Do not give any food until the stomach is settled or for twelve hours at least. Should the vomiting be stubborn apply a weak mustard plaster to the epigastrium just long enough to redden the skin and give iced lime water every ten or fifteen minutes. The subcarbonate of bismuth may be used either in powder or mixed with a few drops of brandy. In children where there is headache, abdominal pains, nausea, etc., vomiting should be induced by quantities of warm water or ipecac. When vomiting has entirely disappeared, food must be given at first in small quantities, starting with the white of one egg in a glass of water, stirred and strained. The child should be given a half to one ounce of this every hour, then barley-water and then milk with lime water. The bowels should be freely opened by a mercurial purge followed by a saline laxative. The diet should be watched carefully for three or four days and pepsin and bicarbonate of soda given after meals.

Sometimes we use the alkaloidal method as follows: Calomel, gr. 1-20, every hour to allay vomiting with five grains of bis. sub-gallate and hyoscyamine for pain. Feed entirely by rectum until gastric irritability has subsided, then feed as above. Give, as a routine, copper arsenite with hydrastine. Treat other symptoms in the good old alkaloidal way.

WHAT OTHERS SAY

It is not too much to say that one-fourth of our population is suffering from the deleterious effects of alcohol, morphine and cocaine poisoning, due to the ingestion of patent medicines.—Lancet-Clinic.

For smarting and burning in the urethra, frequent desire to urinate, a few drops at a time, eupatorium purperum gives relief. Give a granule of eupurpurin every half hour in hot water.—Ther. Digest.

In the Therapeutic Digest for April is a very sensible discussion of proprietaries, under the head of scientific and approved substitution. The horse chestnut is indicated in piles when the mucosa is of a purple color, with severe backache and burning after stools, and with the sensation of a foreign body or prickling in the rectum.

The value of the grape as a tonic, and as a fruit possessing blood-forming and strength-giving element, is known to every physician and student of power-building foods. It is especially valuable in cases of nervousness, anemia, and poor circulation of the blood. By furnishing a rich, pure supply of blood, grapes have the effect of improving the texture of the skin and curing eruptions upon the face. Advise your patients to eat plenty of them, right from the stem. —Dr. Otto Juettner.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

REVIVAL OF THERAPEUTICS

At a recent medical gathering, when the writer put forward a word as to the application of certain active principles to the conditions presenting, a member remarked tolerantly: "Oh yes, when I was in Vienna I saw the infusions and decoctions of plants applied with really beneficial results."

That was his conception of the meaning and scope of the alkaloidal movement. We will admit that the paleolithic axe of chipped flint was an axe, and that those who used it succeeded in the things they undertook to accomplish with its aid. But that it was capable of all the uses that the modern axe of tempered steel may be put to, we will not admit. But we will cheerfully allow that the man who had been brought up to the use of the flint axe could not be convinced of the superiority of its steel successor.

There are many who see in this alkaloidal movement only a shrewd commercial enterprise, or who fear that somebody may make some money out of it. Others dread that credit may come to those who advocate it, and we hear them saying that the men who now urge the alkaloids were not their discoverers or the first to utilize them. Let us dispose of these ultra vires propositions now by stating that not one of the active principles or pure chemicals advocated is controlled or monopolized by the writer or any man or firm on earth, but the physician is free to buy or to manufacture every one of them if he chooses. The great variations to be found in these remedies as presented in the market compels the establishment of a house for their supply in strictly standard and unvarying quality and strength. But there is no secrecy, no obligation for any man to restrict himself to this supply house unless he believes it is to his interest to do so. The remedies being free, it is only the merest trickle of the demand excited by this agitation that comes to the house in question. Even the combinations devised by the writer have all been made public and may be found in the price lists of every manufacturer of granules and tablets in America, some asking prices far in advance of the Abbott company's though not a penny of recompense has even been tendered to or received by the originator.

As to the credit due to the movement we are perfectly indifferent. So long as a thing is good we will push its use, regardless of its origin. Any one is welcome to all the credit he deserves; we ask none and care not at all for it. The question is not a personal one; but whether this matter is one each physician should or should not investigate, as a duty to himself and to his patients.

What then, is it we are advocating? It is not the alkaloids, not the active principles, or the products of a particular house, not the personal interest of a particular man or set of men. It is the application of definite, uniformly-acting remedies to distinctly comprehended pathologic conditions. It is the desertion of the set prescription for disease, and the substitution of the application of one or more remedies to alleviate the conditions presenting themselves in the case before us at the time of prescribing. We have no remedy for typhoid fever, none for pneumonia. We recognize the presence of certain morbid phenomena in each case before us, and we know that for each such phenomenon there is a drug remedy, and that we administer.

No drug should ever be given unless

its exact effects are prevised, and the need for just the effect it will exert is evident.

Take any physician who tells you he has given Goodell's four chloride mixture with benefit, ask him his reasons for the use of each of the ingredients, and note the look of hopeless imbecility that overspreads his countenance. He gives the mixture because Goodell advised it—that's all. Ask him to explain the rationale of each ingredient in brown mixture, in the doses it contains, and see if he can do it. He can't, for no living man can reduce that combination to terms of scientific precision, or describe a theoretic case that could possibly require all those drugs in exactly that proportion.

The ready-made prescription is our enemy, against which we wage unceasing war. The real doctor must make his own prescription at the bedside, to meet the needs of that case at that time. Nothing else is worthy the name of scientific medicine.

Is this ideal attainable with our present knowledge of physiology, pathology and therapeutics? It has been our task for the past fifteen years to furnish a reply to this question. We have studied these three topics, and have been amazed at the riches unearthed, that have not been utilized by the profession. The most exact and comprehensive investigations have been made as to the properties of the active principles, by the foremost therapeutists of the day and these priceless treasures have not been utilized. Wood and Brunton demonstrate the powers of atropine—and prescribe belladonna. Only where the uncertainty and antagonism of various elements were such as to render the crude drug impossible, as with hyoscyamus and jaborandi, have the active principles been generally utilized. The fact that with these agents we can strike promptly, powerfully and decisively, when the indication presents, because we can strike surely, has not yet dawned upon the consciousness of the men who keep assuring themselves that "there is no treatment."

Must we await a new race of physicians to see these truths become matters of everyday experience? Can we not, some of us, skip the slow evolutional processes and avail ourselves at once of the advantages offered? Why should Wagner's music be for the future alone, if we are able to perceive the grandeur of his conceptions and comprehend the harmonies?

All human progress tends away from mystery toward light—from complexity to simplicity. Tools for general application give way to those specifically designed for specific uses. The shotgun is replaced by the rifle. Progress in science is attained by confining each worker's energies to a small part of the general field. Nobody attempts to wind a watch with a monkey-wrench, though many other things may be done with the wrench, while the watch-key is absolutely useless for any other purpose.

The ideal is easily within reach, and its practical application proves on trial to be unexpectedly easy. In fact, the method of applying remedies to conditions, rather than to an impossible and unreal thing denoted by the nosologic title of a disease, is so natural and effective that one has slid into it unconsciously, and established his methods of practice on the right foundation before he has comprehended the change in himself.

I am sadly conscious that to few of those who read these statements will they carry conviction. Probably most will skip these pages. Benjamin Franklin said that he found it necessary to avoid positive statements to win conviction. Instead of affirming the truth of a thing, he would say that possibly it might be so, or that under some circumstances perhaps his way might prove preferable; and by thus avoiding opposition and the pride each man takes in his own opinions, he won more to his way of thinking. Better were we to adopt the ways of the wise old man, and

merely suggest instead of saying plainly and emphatically what we believe. But we are not built that way. We can not help ourselves—we are unable to see men wasting human lives and straying in paths that lead nowhere, when we know and see the right. We must shout aloud our warnings on the highway. Let those who hear our message heed it now, and not wait till conscience stings them for neglecting it.

It is always difficult to wrench the human mind away from its accustomed channels and direct it into a new one. The certain ease that comes from automatism renders us disinclined to the unwonted effort, and we instinctively resent any effort to pry us loose from the beliefs, the practices and the associated movements of brain-cell and muscle-fiber which have become habitual. Herein lies the difficulty most besetting the steps of every reformer; herein lies the principal obstacle in the path of the therapeutic revolutionist.

In the Denver Medical Times for August, among the proceedings of the Utah State Society, may be found an address by Dr. R. J. Smith on "Active Principle Medication," and the ensuing discussion. It is notable as it contains the whole thing. Dr. Smith details succinctly his reasons for advocating the active principles. Several members added their testimony as to the merits of the methods and remedies. Some held the mote of commercialism so closely to their eyes that they shut out all the sun's light. Others showed that they had casually tried the new ideas and totally failed to grasp their import. One had "known Abbott as a student," and naturally resented the implication that the former had distanced his mate.

An old Irish schoolmaster, exasperated by the stupidity of an urchin, caught him by the shock of hair, held him up while he fixed the boy with his eye and held over him the birch and said: "Five times sax is thirty and sax times sax is thirty-sax, and niver forgit it till the day iv yer death"—and the boy never did. We have said this a hundred times, but we still say it again, and we wish we had those Utah men right where the schoolmaster had the boy: "It is not a question of the alkaloids, or of Abbott, or of his granules, but it is a question of scientific therapeutics, of meeting recognized pathological conditions with certain remedies." Now, Drs. Aird, Castle, Hosmer, Fisher and Rich, don't you forget this till the day of your death.

Dr. Fisher, your explanation of the dosage is ridiculous, and shows what a superficial examination you have made of the matter. You say: "As I understand the subject, a definite dose of the drug is taken as the amount to be administered in four hours; that this dose is divided up into smaller amounts, and given the patient at certain definite intervals, so as to get a definite quantity of the drug in the system in twenty-four hours; and that poisonous results do not attend the administration of the drug when so administered in divided doses."

Would someone near enough to use a trephine insert in that man's brain a definite idea of dosage to effect?

"Alkaloids were used before Abbott was born. The alkaloids are nothing new." What a reflection on the medical profession, that they have so long had within reach the inestimable jewel of precise medication with unvarying remedies, and have not had the sense to see what a tremendous advantage was offered them. That is a tough reproach against us.

We will not take up more space with this matter here. Those of you who know will only smile at the stupidity of these men, and those who will not take the trouble to investigate enough to avoid such shallow puddles, are not worth bothering about. We return to our work.

William F. Waugh, M. D.
Chicago, Illinois.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

DIAGNOSTIC HELPS.

Every aid to earlier and surer diagnosis, especially of diseases in which much depends upon early recognition, is of interest. According to Rolleston, of London, Russo's methylene blue test for typhoid fever seems valuable. It consists in the addition of a few drops of a dilute aqueous solution of methylene blue (1 to 1000) to a little urine. A green color indicates a positive reaction. Rolleston found it positive in forty-four out of fifty-four cases of typhoid and believes it to be of greater diagnostic value in typhoid than the diazo reaction. Of the ten cases in which it was negative all but two were very light. But the test, like others of the kind, has its uncertainties and is occasionally positive in gastric cancer, pneumonia, scarlet fever, septic endocarditis, nearly all of which can be readily differentiated from typhoid. As it is of easier application than Widal's and requires no special preparation, it is of practical usefulness.

In gastric cancer early diagnosis is of the utmost importance as surgical intervention can be successful only if undertaken is an early stage. It is conceded that operation is almost hopeless when the tumor has become palpable. In the Deutsch Mediz. Wochenschrift, Albis emphasizes as an important diagnostic sign progressive, though slight loss of weight. All patients, in whom the posibility of a gastric cancer is considered, should be placed upon a plentiful, easily digested diet, which is best given in frequent small meals. They should be weighed at weekly intervals and if, in spite of a plentiful, apparently well-digested nourishment, there is progressive loss of weight, a carcinoma should be suspected and an exploratory laparotomy considered. He reports several cases in which, other symptoms failing, diagnosis was made only from consideration of the continued loss of weight and verified by subsequent operations.

A FEW THOUGHTS ON EDUCATIONAL TOPICS.

Was it the W. C. T. U. or was it another organization? We have forgotten! But we know that it was a body of women who not only recognized as evil, but also had the courage to publicly denounce as such the comic supplements of the Sunday papers. The writer rejoices, for he has held the same view for a long time, and has not hesitated to express his opinion in a limited sphere. The so-called comic supplement is of evil tendency. There is nothing laudable about it and it has no right to exist in its present form. Its evil is of a low order, the drawings inartistic, the coloring crude, the moral tone positively immoral, for invariably low cunning, vulgarity, lawlessness, triumph and are glorified, natural authority of law, teachers, parents ridiculed and frustrated. Young America is lacking in reverence as it is. The indiscriminated sheets abet that failing in our national character and undoubtedly have in many instances influenced boys and girls badly. They counteract the teachings of school, church and home and should go. Now that the ball has been set rolling by these high-minded women, let it roll on until it becomes a mighty avalanche.

We can discern another malign influence in a class of fiction which has become popular of late. We refer to the numerous stories and even plays

(Continued on Page 207)

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 JUNE, 1907 No. 6

OUR INLAND WATERWAYS

Considerable attention is being just now given to our inland communications by water channels, natural and artificial. The writer, when observing the Mississippi, has been struck by the loneliness of the great river, which commerce has almost completely deserted. In truth, the enormous development of the railroads has reduced our waterways to the function of sewage conveyance, and the amusement of the fishermen. At the present time some renewed interest appears to be arising, and a commission is now investigating the Mississippi, with a view to reviving its commerce. There is also a movement toward opening up a chain of waterways extending from New York to the Rio Grande. Nature has already provided by far the larger part of this system, and a number of canals are still in existence connecting and supplementing the natural waterways. A few gaps still exist, none of which presents any special natural obstacle to the completion of the entire system. When this is done an inexpensive means of transferring freight will be supplied, which incidentally would be an effectual means of restraining the propensity of the railways to exacting for their services all that the traffic could bear, instead of what the service was worth. The houseboat and the gasoline launch would also find opportunities for many a delightful week and month, to be spent in passing along the coast, but sheltered from the waves of the open sea. We sincerely trust that every one of our readers who has the opportunity will do what in him lies to favor this project, by cultivating public sentiment in its favor, and interesting legislators before whom may come the various projects for the completion of the chain.

PHARMACY

There are some considerations to be drawn from the paper by Dr. J. D. Albright, editor of the Office Practitioner, in the June number of the American Journal of Clinical Medicine. He tells of his experience while a practical pharmacist, in a way to open some eyes. "The smallest weight in that pharmacy was one of two grains; the prescription scales did not respond to anything less than five grains." General directions to the clerks—"In regard to poisons, take an amount you think to be correct, then to be safe taken one-half. Fluid extracts with precipitates equal to one-fourth their bulk are filtered and dispensed with no thought of their actual value therapeutically. And this pharmacist stood exceptionally high, and big

doctors, even professors, insisted on having their prescriptions filled there."

Never mind the pharmacist—he will answer for his own sins—the main point is as to those big doctors, who prescribed, and got such remedies, and never recognized the poor quality or deficient quantity. Did these men study their cases, recognize pathologic states, aberrations from the normal, devise prescriptions which as to ingredients and proportions were intended to exactly meet the indications and restore normal balance; and did they then note the effects of the remedies as modifying what would otherwise have been the course of the malady, and influence the course toward a return to health?

Of course they didn't do anything of the sort. They looked at the patient, jollied him a bit, gave a few routine directions as to diet and rest, scribbled a prescription so he would think they were doing something, and were fully satisfied if at their next visit the patient showed evidences of improvement. More jollying, a new prescription, a funny story, and off to the next case. That's the sort of doctor who doesn't believe in drugs.

Possibly we are deficient in a sense of humor, but the practice of medicine is to us a serious matter. We have so few brains that we must give to every such problem that is placed before us every atom of knowledge and thought power we possess. We must study our case and try to appreciate the deviations from the normal standard and their reasons, and we must unceasingly study drug actions and learn the powers residing in these and other remedies, so as to apply them intelligently.

To us it seems a weighty responsibility to interfere with a pathologic process unless we know quite clearly what we are about, and yet it is our duty, for that is what we are hired to do. So we grope about in the darkness until we come upon something that is certain; and to that we hold fast. This certainly is the action of certainties in drugs. We absorb all we can learn about a drug-remedy, and we determine when it should be of use. When the occasion arises we administer the drug, and we watch for the desired effect, and we continue, increase, diminish or stop the drug, as the case demands. If our drug preparation is too weak or too strong we are sure to know it at once, by the variation from the effects that should follow its administration. If our patient accidentally gets brickdust instead of aristol, or a two-grain tablet of strychnine at one dose, we do not overlook such trifling facts and let the error go unsuspected. If Hallberg and Englehard get their law passed forbidding physicians to dispense medicines, there will have to be a different sort of pharmacy provided for us than that described by Albright.

How can people go on in the old, slipshod, inane, inefficient way of prescribing, and lose all the delight there is in the true, open-eyed practice of medicine? Why can't they see that this is truth—plain, unvarnished, unmistakable truth—that is being pressed upon them? Why can't they see and hear and think for themselves, instead of waiting till the roll has been called and the majority has voted for the reform?

EDITORIAL NOTES

Dmitrenko says that allorrhythmia contraindicates the use of digitalis. Is that a new one on you? It simply means "another rhythm" than the right one.

The Virginia Medical Semi-Monthly for May 24th, has an editorial on proprietary medicines containing enough common sense to last three councils two life-times.

John J. Reed, in the Medical Record, recommends pilocarpine as a general remedy for pruritus. In pruritus vulvae it gives relief, in diabetic and other

cases equally. He uses full doses. In one case occurring during mental strain he gave the pilocarpine, adding atropine to prevent sweating, with complete success.

The series of illustrated articles which Doctors Charles C. Miller and Florence Miller, of Chicago, have been contributing on the practical surgery of the face, to The Recorder, will be concluded in the July number. These articles will soon be published in book form.

Heart Tonics. We have talked so much about these remedies that we deem it unnecessary to do more than call attention to Dr. Edmunds' paper on their standardization, in the Association Journal of May 25th. His testimony as to the variability of digitalis and strophanthus strongly sustains the position we have taken in this matter.

We call this issue of The Recorder a pretty good medical magazine and we have some equally good numbers in preparation. We have some splendid articles ready for the July and August issues. The July number will be devoted largely to gastro-intestinal disorders and the August issue will be a typhoid fever number. You cannot afford to miss these two numbers.

The editor of the Medical Arena, for Texas, says he used on himself his solution for the treatment of nasal catarrh. He says it felt good after it quit hurting, but it did hurt; and now he does not see how his patients endured it. A very good idea. If doctors would always take the first dose of their medicines, the extracts and tinctures would soon be replaced by pleasanter preparations and the active principles.

To an onlooker the evidence is pronounced that among the well-to-do the men are over-worked, over-fed, overfretted and over-burdened, while their wives have a generally debonair, well-kept appearance.—Gaillard's Southern Med. We have not as yet heard any man expressing a wish that he could trade places with his wife, notwithstanding the numerous advantages enjoyed by the women.

Half knowledge is a dangerous thing. The Southern California Practitioner says that hyoscine and scopolamine are "chamically" identical. Assuming that he means "chemically," why doesn't he add that it remains to be proved that they are therapeutically identical, and that in any case the identity only applies to chemically pure specimens and not to the commercial products found in the drug market? Otherwise the item as he gives it may result in somebody being killed.

In the April Bulletin of the Illinois State Board of Health, Dr. Egan adds another chapter to the controversy between him and Dr. McCormack. Those of our readers who have not received this Bulletin would do well to send for it. We also note in it a very sensible, quiet defense of the profession against the attack made upon it in the council on "Medical Education." In fact the whole of this Bulletin is much more interesting than very many of the medical journals which come to our table.

Not long ago Chittenden told us we were much better off without meat; and as just about that time the beef trust got more rambunctious than usual, we decided to cut out the meat. But now comes Meltzer, who tells us that most people may eat too much but that a constant excess in food is not only wise, but necessary, if the body should make the best resistance to the onslaughts of disease. Truly, to him who desires to follow "authority," the way is hard. One might as well give it up and try to cultivate a little sense of his own. Meanwhile it might be well to inquire as to the relations of Mr. Rockefeller with the beef trust, before venturing too much on Meltzer's assertions. We are strongly inclined to take Chittenden's side in this matter.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A TREATISE ON THE PRACTICE OF MEDICINE. For Practitioners and Students. By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo; 1328 Pages, with 101 Engravings and 19 plates. Cloth, $5.50, net; Leather, $6.50, net. Lea Brothers & Co., Philadelphia and New York.

Although there are many works on the practice of medicine, there is room for this new work, which will have a permanent place in medical literature. Dr. Edwards has for many years occupied one of the most important chairs in the country, and his skill in filling it is manifested by his steadily large classes. Teaching is excellent training for the teacher himself. It enforces two essential points, perspective and clearness. Without either a large subject is befogged. The successful teacher must know how to present a picture to the mind with due emphasis on what is important, and with every item in its relative position and coloring all being in clear and definite language. He must know his subject and speak with authority. Dr. Edwards possesses these qualifications and has produced a well-balanced book which will give satisfaction to practitioner and student.

In this work the causative pathology has been blended with the consecutive clinical features of disease, that reasons have been given for facts, that exceptions have been subordinated to what is usually found at the bedside, and that the allurements of typical clinical pictures and dogmatic generalizations have been avoided because they hold neither in practice nor at the post-mortem table. The author recognizes that the final aim of medicine is the application of knowledge to the cure or alleviation of disease. Accordingly, an unusual amount of space has been devoted to treatment, to the detailed consideration of drugs and to numerous formulae and prescriptions ready to use or improve

A. R. EDWARDS, M. D.

upon. The physiological action of drugs has been dwelt upon carefully because the symptoms of disease are often confounded with those of the remedies exhibited for its cure.

The book contains a large number of tables giving the differential diagnosis of diseases likely to be confused, or in many instances, of entire subjects, such as those of the liver and kidney, the chief eruptive diseases and those of the typhoid group. They are practical, though necessarily schematic. Nowadays the border-lines of surgery and medicine overlap, and the practitioner, internist and surgeon must be familiar with the province of each other. For this reason, as far as the scope of the treatise admits, surgical indications and results are introduced.

The section on nervous diseases is voluminous and gives a clear presenta-

tion of this intricate group of diseases. Many brief historical notes add to the interest and value of the volume. This book will give the practitioner guidance in understanding his cases and applying the proper treatment.

THE ABDOMINAL AND PELVIC BRAIN with Automatic Visceral Ganglia. By Byron Robinson, B. S., M. D., Author of "Practical Intestinal Surgery," "Landmarks in Gynecology," Etc. Professor of Gynecology and Abdominal Surgery in the Illinois Medical College; Consulting Surgeon to the Mary Thompson Hospital for Women and Children, and the Woman's Hospital of Chicago. Pages 671. Illustrated. Cloth. Price, $3.50. Frank S. Betz, Hammond, Indiana.

This is the latest and largest work of Byron Robinson and it will have a permanent place in medical literature. One striking feature of the book is that

BYRON ROBINSON, M. D.

it is all original, presenting the original investigations, conclusions and experience of the author.

Considerable of the matter has been published in various medical journals but much that is new has been added. The book presents the anatomy, physiology and pathology of the abdominal brain. The abdominal brain is the solar or epigastric plexus. The pelvic brain is the cervico-uterine ganglion, located on each side of the uterus. The author also presents, at length, his methods of treatment of the diseases of the abdominal organs. The general practitioner will find the book very valuable as the treatment suggested is not confined to surgical measures. Dr. Robinson says that there are nine patients who require medical treatment to one requiring surgery. The chapter on splanchnoptosia is of great practical value to the practitioner and is alone worth the price of the book. Subscribers of The Recorder will recall an excellent illustrated article on the subject of splanchnoptosia which Dr. Robinson contributed to The Recorder in 1902. Constipation and visceral drainage are considered at length and the author's views on these subjects should be generally understood by medical men. A splendid chapter on shock has been contributed to the volume by Dr. Lucy Waite, Head Surgeon of Mary Thompson Hospital for Women and Children. The volume contains 207 original illustrations. The book is one which the practitioner will find frequent use for.

PSYCHOLOGY APPLIED TO MEDICINE. By David W. Wells, M. D., Lecturer on Mental Physiology and Assistant in Ophthalmology, Boston University Medical School; Oculist Newton Hospital, Etc. Pages xiv-141. Cloth. Price, $1.50. F. A. Davis Co., 1914-16 Cherry St., Philadelphia, Pa.

This book is a result of the author's lectures to medical students and bridges the gap between psychology and medicine. The leadings features of the book are:

A clear statement of the important facts of medical psychology, such as reason and instinct, habit, the subconscious, the evolution of the special senses, and the elucidation of many practical problems of the sense of sight, among which is a detailed consideration of the inverted retinal image. This

material occupies the first few chapters.

Hypnotism (its history, methods of induction, and theories cocnerning it) is treated in three chapters. This is a valuable resume of the present status of the subject, together with the account of considerable original experimentation. Its value and place in the practice of medicine are carefully considered.

The great subject of mental healing in its many forms occupies the three remaining chapters. An attempt is made to find the underlying therapeutic principle, which is so generally obscured by the false notions and extravagant claims of the various sects.

The book concludes with a critical examination of the prevalence of a psychic element in all forms of modern medical methods.

The book is written in a very interesting style and every physician who reads it will derive pleasure and profit from it.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post - Graduate Medical School. Vol. 7. General Medicine, Edited by Frank Billings, M. D., Head of Medical Department and Dean of Rush Medical College, and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Series 1907. Pages 364. Illustrated. Cloth. Price, $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

The first volume of this year's series of year books gives an excellent review of a year's progress in diseases of the respiratory organs, circulatory organs, blood vessels, blood and blood-making organs, the ductless glands, and the kidney, and general infectious diseases. Tuberculosis and pneumonia are considered at length and much valuable information given on these important diseases. A number of new and valuable suggestions are presented on diseases of the heart. Every practitioner will find helpful suggestions in the book.

BOOK NOTES

"The Cure of Consumption with Subcutaneous Injections of Oils," by Thomas Bassett Keyes, M. D., of Chicago, is a paper-covered book of 96 pages, just issued. The author presents some good reasons for treating tuberculosis by the subcutaneous injections of oils and reports good results from the treatment.

The June issue of Annals of Surgery is a special illustrated number of 200 pages. The articles are illustrated with half-tone and colored plates. A notable article is "Plastic Resection of the Mammary Gland," by J. C. Warren, M. D., professor of surgery in Harvard University. Dr. Warren advocates this operation in non-malignant disease as it gives opportunity for thorough work without disfigurement. The price of this number is $1.00; copies may be obtained of the publishers, J. B. Lippincott Co., Philadelphia.

"Insanity Cured by a New Treatment" is the title of a new monograph by Dr. C. W. Suckling, Birmingham, England. Dr. Suckling gives the histories of twenty-one cases of insanity caused by movable kidney and cured by operation. Dr. Suckling is an authority on this subject and his volume on movable kidney has become a medical classic. We reviewed this book when it was issued and still believe every physician should read it. Dr. Suckling's books are published by Cornish Bros., 37 New St., Birmingham, England. The

price of this new monograph is two shillings.

The leading articles in the Cosmopolitan Magazine for June, are: "The Sculptured Figures of Society," by William George Jordan; "Helleu and His Art," "illustrated in color with reproductions of dry-point portraits, by Perriton Maxwell; "Holding Her Down," by Jack London; "Curiosities of the Patent Office," illustrated, by Rene Bache; "Partners of the Criminal Pool-Rooms," by Josiah Flynt; "What Life Means to Me," by Owen Kildare; "Stage Folk Merely Puppets," illustrated, by Alan Dale; "Sleep and Death," by John H. Girdner, M. D.

"Tuberculosis as a Disease of the Masses and How to Combat It," is the title of the prize essay by Dr. S. A. Knopf, of New York, the fourth edition of which has just been issued. A supplement has been added on home hygiene, school hygiene, installation of the sanitorium treatment at home and a historical review of the anti-tuberculosis movement in the United States. The work is written for the general public and if its contents could be generally understood there would be much less tuberculosis in the world. The work contains 104 pages, 30 illustrations, and is paper bound. It is published by Fred P. Flori, 514 East 82nd St., New York.

Any one of the four things in the June American Magazine would have made the number a good one: Edwin Lefevre's character sketch of Harriman, Ellis Parker Butler's story of "Wetter New York in 1913," Ray Stannard Baker's account of "The Negro in Southern City Life," or Ida M. Tarbell's story of Grover Cleveland's great fight of 1887. In the same number the author of "Emmy Lou" tells another Letitia story. Elizabeth Irwin writes of the most famous artists' model in the world. F. Marion Crawford goes on with his serial, and David Grayson writes of "The Tramp" in his "Adventures in Contentment" series. "The Interpreter" talks about socialism.

President Roosevelt, interviewed by Edward B. Clark, delivers a characteristically vigorous attack, in the June Everybody's, on certain well-kwown animal writers whose stories are false to nature. "Roosevelt on the Nature Fakirs" is a salutary exposure, and comes fittingly from one who is recognized as the world's big game authority. An article especially Everybody-ish in type, and dealing with high finance, is Will Payne's "The Cheat of Overcapitalization." An exceptional article is Ernest Poole's "It Has to Come in America," in which is related the progress of the art spirit in Chicago. Those who believe there is anything abortive or impractical in the attempt to improve the condition of the red man, should read J. M. Oskison's article "Making an Individual of the Indian."

RUNDSCHAU

(Continued from Page 200)

about the "gentleman burglar." In some form or other it has invaded most of our current light literature and appears even now and then in magazines of which we have a right to expect better. Of course it is all rot and the mature mind understands it. But it gives to the young false notions of right and wrong. It may not make burglars of our boys and girls, but it cannot help having a bad effect on their minds, when they find burglary presented in the light of a regular, almost legitimate business and a halo of bravery, courtesy and gentlemanly traits placed around the law-breaker. No doubt there are some very intelligent men among those who have chosen a life of crime, but the average criminal is a defective or degenerate, to teach differently is a perversion of truth, an educational sin.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Iodide of mercury, which is highly irritating, is formed if bichloride of mercury dressing is applied on a surface on which the tincture of iodine has been recently painted.

* * *

Painless Application of Corrosive Sublimate. Appleman (American Medicine) states that when solutions of corrosive sublimate are made with normal salt solution instead of water they do not cause the slightest pain when applied to the mucous membranes.

* * *

Pruritus of Obscure Origin. In nothing is it so true—"find the cause and then remove the disease"—as in pruritus. Spiethoff (Muenchner Med. Wochenschrift), in a case of pruritus of obscure origin after a thorough investigation found present a high degress of indicanuria which proves to be dependent on an unsuspected achylia gastrica. The condition was completely controlled by the administration of hydrochloric acid with meals and the pruritus disappeared at the same time. On discontinuing the treatment both conditions returned but disappeared on resuming the acid.

* * *

Boric Acid as an Eye Wash. Boric acid has long been used in a saturated solution as an eye wash. Hamburger explains that the reason this solution proves itself so valuable is that it is isotonic with the tears, and thus forms an ideal medium with which to cleanse the delicate epithelium of the cornea and conjunctiva. The density of the tears is about one and a half times that of the blood plasma, corresponding to a sodium chloride solution of about 14-1,000. This just about equals the density of a saturated solution of boric acid at normal temperature.

* * *

Potassium Bicarbonate in Colds and Influenza. Dr. Achilles Rose, in the Medical Brief, says that given early it will abort a cold effectually and promptly in nearly every instance. It is well borne by all ages. Give an adult thirty grains in a cup of hot milk every four hours during the day and nothing else for forty-eight hours. If milk is badly borne administer the remedy in hot water and limit the patient to a liquid diet. Its action is assisted by a cathartic and none is more suitable than the compound licorice powder. This combination is the most effective of all remedies in influenza.

* * *

Veratrine in Severe Neuralgias. Durand (Le Journal de Medicine) recommends the application, with caution, of five centigrammes of veratrine dissolved in five equal parts of alcohol and distilled water to the surface of the skin in rebellious neuralgias. The quantity to be used at one time should be from two to eight drops and care should be taken not to get any of it in the eyes. Another preparation in the form of a pomade is prescribed as follows:

℞

Morphinae hydrochloridii .....
.....0.10 or gr. iss.
Unguentii aquae rosae.....
.....0.50 gr. viiss.

M. S.—Apply a small portion to the painful area, and use friction slightly, once or twice a day.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

SCOPOLAMINE NOT HYOSCINE

In the Archiv fuer Gynaekologie Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in The Journal of the American Medical Association, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled ex parte statement, we refer to Gauss' statistics as given by Holt, in the May number of The American Journal of Clinical Medicine. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is not the same thing as the hyoscine used in America. It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are intreested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all the Abbott line, may be depended upon.—The American Journal of Clinical Medicine.

After the removal of alcohol, celerina given in doses of from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

HAMAMELIS VIRGINICA—ITS USE AND ABUSE

In a paper on "The Medicinal Treatment of Hemorrhoids without Surgical Intervention" (Therapeutic Medicine, January, 1907), Dr. M. R. Dinkelspiel, Philadelphia, says that he regards non-operative treatment indicated in incipient forms, when the hemorrhoids are secondary to other disease, as hepatic cirrhosis, tumors, etc., and when the hemorrhoids occur in aged individuals who cannot safely undergo operation. Constipation is a most potent cause; and it must be cured, the defecations being so arranged that they occur at night, as the subsequent rest relieves engorgement. Locally, cleanliness is of primary importance; the parts should be washed with witchhazel solution, of which 1 or 2 ozs. may also be injected into the rectum.

As bearing on this subject of witchhazel, "there is," according to The Trained Nurse and Hospital Review, "nothing pertaining to materia medica which has received so much study and widespread research among medical men as have those materials whose nature and properties are indicative of curative value in the relief of pain. In this extensive research hamamelis virginica has been proven, through extended practical demonstration, to contain anodyne (pain relieving and healing virtues) to an uncommon degree. It embodies, first, anodyne action for pain relief; second, styptic action, for controlling hemorrhages—bleeding; third, astringent action, for healing; fourth, antiseptic action, for preventive—anti-poisonous tendencies.

"But, in order that these desirable qualities may be obtained, it is vitally essential that a preparation of hamamelis should be of a guaranteed standard of purity, quality and strength. This is only possible through expert preparation and upon a large scale, and in Pond's extract the ideal relief, not only for pain, but for soreness, lameness, hemorrhages, inflammations, etc., has been obtained. For sixty years it has been relieving and stopping pain of all kinds. Though imitated, substituted in every conceivable form, it stands out today all the more efficient by such comparison. The belief that the ordinary substitutes of the market are "just as good" as Pond's extract is fraudulent on its face."

The very cheapness of the substitute is evidence enough of its sophisticated character, as is amply demonstrated by the following editorial abstract from the Bulletin of Pharmacy: "It is reported that the majority of several hundred samples collected of distilled extracts of witchhazel sold in Chicago drug stores have been found to contain wood alcohol, instead of grain alcohol, and even formaldehyde. . . . The spirit of intolerance against the sale of preparations containing wood alcohol, whether for internal or external use, is constantly growing, and it may be expected that the practice will meet with more and more severe punishment in the future."

The poison perils of the common commercial and unidentified witchhazels of the market, adulterated with wood alcohol and formaldehyde, may be entirely avoided by prescribing and dispensing only Pond's extract of hammamelis virginica. Pond's extract has been the standard of purity, quality and strength among distillates of hamamelis for more than half a century and its many medicinal and recognized virtues have doubtless contributed materially to secure recognition for aqua hamamelidis by the Committee of Revision of the U. S. Pharmacopoeia, 1900, and its inclusion in the latter as "official."

Nephritin is giving some very good results in the treatment of kidney disorders. Samples may be obtained free of Reed and Carnrick, Jersey City, N. J.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X JULY, 1907 No. 7

Leading Original Articles

THE ELECTIVE SURGERY OF THE FACE

By Charles C. Miller, M. D., and Florence Miller, M. D., 70 State Street, Chicago, Illinois.

(Continued from Page 182 Jnne Recorder)

ADHERENT AND UNDEVELOPED LOBULE.

It is a very common condition to find the inner margin of the lobule of the ear attached to the side of the head. This is a condition which often mars the appearance of the ear, because it so often increases the resemblance of the human ear to that of the lower animals. In some cases the attachment is of such a nature and the lobule is so developed that there is a continuous slant from the side of the head to the margin of the helix, and if this is coupled with a slight pointed condition of the ear above we have an ear strikingly like that of some animals. The attachment of the lobule of the ear to the side of the head and its pointed development above are classified among the stigmata of degeneration. The opportunity for overcoming this condition in its varying degrees frequently presents itself to the surgeon interested in cosmetic work and the condition is easily corrected by a simple operation which varies somewhat according to the particular type of ear the patient possesses. Where the lobule is fairly well formed and merely attached to the side of the head by a fold of skin this fold is divided and the skin of the posterior margin of the lobe sutured to the margin of the anterior surface and the skin edges on the side of the head approximated by sutures.

Where the lobule is not well formed but its outline is that of a triangle, the operator finds that if it is cut free internally and a small flap formed along the outer margin of the lobule, the lobule can be trimmed to the desired shape and the small flap brought up and attached to the side of the skull so that it encircles more or less the side of the newly formed lobule. The wound left along the side of the head to the inner side of the lobule should be closed with sutures and when healing occurs a well formed lobule is secured.

These operations are easily performed with the aid of infiltration anesthesia. The lobule and the attachment at the side of the head should be infiltrated after scrubbing the parts.

In these cases if the ear has more or less of a pointed appearance above, it may be well to excise a wedge-shaped portion of the helix posteriorly to over-

come this appearance, after the lobule has been properly shaped.

In certain cases the lobule is attached to the side of the head, and is so imperfectly developed that if the operation above outlined is completed a satisfactory appearance is not secured, the lobule being entirely too small. In such cases the size of the lobule is increased by the injection of paraffin. Where paraffin is injected into a small lobule, it should not be allowed to accumulate in a mass, but spread so that it forms a thin, even sheet. The operator should remember, with care, paraffin can be placed in the tissues so as to develop a part in a perfectly natural manner.

FIBROMA.

In rare instances fibromata are seen in other portions of the ear. Where such develop they are felt as smooth or nodular tumors—quite firm in consistence. They should be removed entirely, as the leaving of a portion may permit of their return. The return of these growths is not a matter to be looked upon without concern, as they may ultimately undergo malignant changes.

CYSTOMA.

Some surgeons insist upon describing cystoma of the auricles as a circumscribed collection of fluid which has not resulted from traumatism. The same treatment of this condition is usually demanded as that used in the treatment of othematoma. Aspiration of the contents of the cyst followed by pressure may be tried rather than incising the cyst. In some cases after repeated aspirations it is necessary to incise the lesion, and in such a case the incision should be made posteriorly whenever possible. Where it is made anteriorly it should be made in the shadow of some of the more prominent portions of the ear and should correspond with the lines and curves of the ear so that scarring will be least noticeable.

MICROTIA.

This is a condition seen in one or both ears. The organ or organs are unduly small and imperfectly developed. In such cases the external auditory canal is not infrequently closed and there may be an auricular appendage or a second imperfect ear in the neighborhood.

Where the ear is small and imperfectly developed an improvement may be secured in its appearance by the judicious use of paraffin injections, and should the organ be curled and twisted upon itself the cartilage may be divided subcutaneously in various directions and the parts held in a corrected position until healing occurs.

Where the ear is very much smaller than the normal and the use of the paraffin is unsuccessful in correcting its unnatural appearance, the organ may be removed and an artificial ear worn to a better advantage.

It is hardly within the scope of this volume to discuss the formation of a new meatus and auditory canal, where this canal is impervious at birth. When such a condition exists the surgeon may feel if an opening is made down to the middle ear, and kept open for a time, that healing will occur, and an epithelial covering develop for the passage, but such is not the rule. Tubes have been inserted and worn for an indefinite time in these cases and yet when removed the passages close. Granulations form and fill the canal and the lumen of the tube. If the operator desires to maintain the patency of the canal which he forms he must do his operation so that epithelial flaps can be turned into the canal, and held there until they unite to the raw surfaces. Even this technic does not insure success and grafts still attached at their base may slough.

AMPUTATION OF AURICLE.

The amputation of the ear is easily performed. It is indicated where the ear is badly deformed

FIGURE 1

Figure 1.—Where lobule is closely attached along its inner margin to the side of the head the first step in the operation includes the separation of the lobule at its attachment. The skin is sectioned so that a narrow strip may be carried upward along the inner margin of the severed lobule.

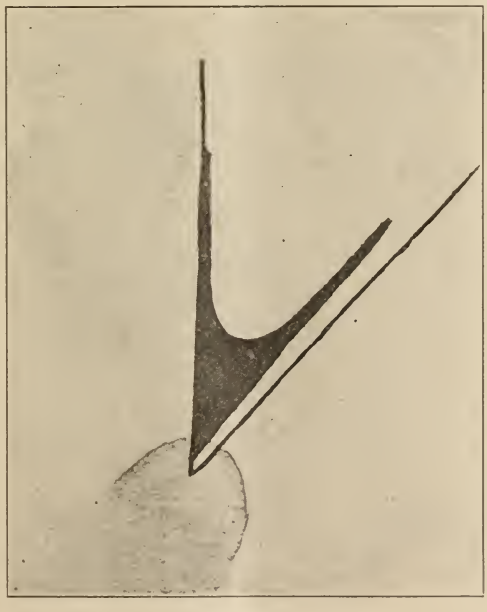


FIGURE 2

Figure 2.—Illustration the formation of a skin flap in the operation for separation of the attached lobule.

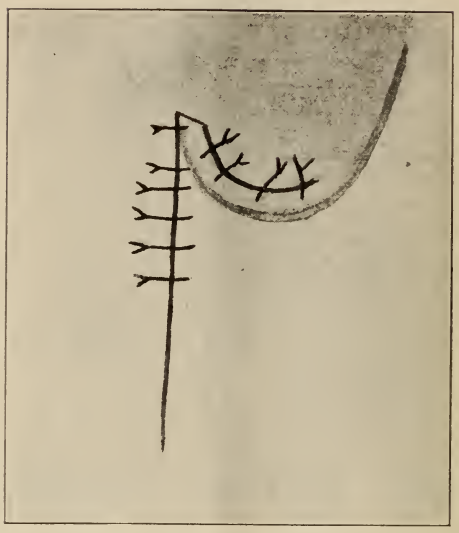


FIGURE 3

FIGURE 4

Figures 3 and 4.—Concluding step in the operation for separating the attached lobule.

and markedly undersize, and in some cases of malignant disease and extensive involvement with lupus. This latter disease in this situation may extend into the external auditory canal and middle ear, if not checked in its ravages.

In the removal of auricular appendages it is always well to preserve from a convenient surface of the appendage sufficient skin to cover the raw surface left after the excision. The technic, otherwise, is exceedingly simple and the operation is performed with perfect satisfaction with the aid of infiltration anesthesia.

Sometimes small congenital fistula communicating with small cyst-like cavities are seen in these cases. These should be opened and curetted. If they persist and fail to close after such treatment a probe wrapped with a fine strand of cotton saturated with a twenty per cent solution of chromic acid may be passed into them at intervals of several days. This agent destroys the epithelial lining of the tract and causes their obliteration.

WOUNDS OF THE AURICLE.

Wounds of the auricle are common, and where carelessly treated a perichondritis may develop, the subsidence of which may leave the ear marred in appearance.

Where an open wound exists and there is any considerable trauma to the organ, the auricle and the parts about it should be cleansed and an antiseptic dressing applied. An ice bag is placed outside the dressing, particularly, should a perichondritis develop.

Equal parts of a thirty per cent solution of alcohol and a saturated solution of boric acid is an excellent wet antiseptic dressing in these cases.

Wounds penetrating entirely through the auricle should be carefully sutured so as to approximate the parts anteriorly as neatly as possible. Through and through sutures should not be used. A row of sutures may be applied posteriorly which extend through the cartilage, but which do not extend through the skin anteriorly. The skin may be brought together very nicely by such sutures but should it gape anteriorly a fine silk or horsehair suture should be used. Through and through sutures are objectionable as they cut more or less and are likely to leave visible stitch marks.

Where a punctured wound is made and the parts are bruised and their integrity doubtful, it is well to close the parts anteriorly and to leave the wound open posteriorly.

The attachment of the ear to the head is very firm; it is said that the entire weight of the body can be borne by the ears. Partial detachment of the organ is common as the result of various accidents, and in these cases reunion promptly occurs when the organ is sutured in place. Where the ear is entirely detached from the head, it should be sutured in place after cleaning the separated organ and the stump. Where the operator least expects it, reunion may occur. The parts should be dressed in such a way as to render the ear which has been separated from the body perfectly immobile. No attempt should be made for at least four or five days to redress the parts. The dressings may be repeatedly moistened with a normal saline solution and kept warm with a hot water bag applied externally.

Where a mass of tissue is grafted the skin of the grafted part becomes black and to all appearances the part is dead, but the operator should under no circumstances pull such a part away. Even if he is certain the part is dead he should leave it until it comes away of its own accord. The apparently dead organ may unite and after the superficial layers separate the ear may be saved.

LUPUS VULGARIS OF THE AURICLE.

The auricle is not often attacked by lupus, but it is well to remember the

condition, as its extension may inflict serious damage to the individual, if not recognized and checked.

The disease begins as dry indolent nodules, which, for some time, may give the patient no concern. They become itchy and by scratching or picking the surface is removed. A superficial ill-defined erosion forms, which gradually deepens until a well-defined ulceration exists. This extends by tissue necrosis and by the formation of new nodules. This disease is one which should be treated vigorously as soon as recognized. The lesions should be freely cauterized by active caustics, or the involved tissues excised. If the operator hesitates to take such radical steps, the lesions should be thoroughly curetted and strong lactic acid rubbed into them.

As caustics, in these cases, chromic acid, sulphuric acid paste, arsenic paste or hydrate of potassium are used. These agents, destroying considerable tissue, are quite as efficient as a free excision. The X-ray has been used a great deal in the treatment of lupus in the last few years. It represents a rather expensive means of applying a caustic treatment. Its proper application cannot be condemned as we must admit that it is effectual. Many serious burns are made by the careless use of the X-ray and users learn by bitter experience to apply it with caution. All parts, except the affected area, should be protected from the ray where a considerable exposure is made.

(To be Continued)

A GOOD TONIC

℞ Salix nigra.
Gentiana lutea.
Peruvian bark.
Bonesel.
Populus tremuloides.....aa ℥j.
Wine or whiskey.....1 qt.

M. Sig.—Let stand 10 or 20 days, then filter. Dose, tablespoonful as needed. J. A. Burnett, M. D.

APPENDICITIS

By R. B. Hopkins, M. D., Milton Delaware.

There is no class of patients which give the country physician more concern from a diagnostic standpoint than appendicitis. In a city with experienced surgeons and well-equipped hospitals one can easily and readily transfer the responsibility, but in a country practice a correct diagnosis and a successful operation rests upon you and your brother practitioner.

Probably I can better convey what I wish to say by a few incidents from experience:

Mrs. D., aged 67, was suddenly seized during the night with a severe pain over region of appendix, followed by vomiting. This continued at intervals all the following day, gradually growing less. On fourth day from beginning of illness I was called and found the following: A tumor the size of an orange near region of appendix, rigidity of right rectus muscle, very tender on pressure, temperature normal, no flexion of right leg. Next day temperature 99°. It looked like a case of appendicitis with abscess formation. There being only a slight rise in temperature and considering patient's age, decided best to wait for developments. Used ice externally, alternating with hot applications. Tumor began gradually to disappear, temperature returned to normal and patient made good recovery.

Mr. W., aged 30. Was called to see at two o'clock a. m. Patient was suffering excruciating pain located over region of appendix. Right rectus muscle rigid as a board. The least pressure caused increasing pain; flexion of right leg, vomiting, temperature 101°. Gave hypodermic of morphia which gave some, but not entire relief. Next day temperature 102°, rigidity of muscle continuing. The following morning temperature normal, muscles of abdomen relaxed, patient expressing himself as feeling much

better but weak, and made good recovery.

W. D., aged 19, was seized after retiring with severe pain in abdomen, vomited profusely, which persisted at intervals the following day. The pain now became located over region of appendix. The fourth day after attack I first saw him; temperature 102°, tender over region of appendix, with rigidity of right rectus muscle, flexion of right leg.

Gave dose sal. rochelle. Following morning temperature normal, evening 101°. Watched case carefully several days. At times temperature would be normal, but in the evening usually found a rise from 99 to 102°. Rigidity of muscle continued, also flexion of right leg. The fifth day from first visit detected a small tumor at McBurney's point. Decided to operate on the following morning and found large abscess. A few days after operation found in opening of wound a grape seed swollen to the size of a small pea. Patient made good recovery.

The reader will see as I have gleaned from experience, that the diagnosis at all times is not so very plain. Whether the two preceding cases were appendicitis or not I could not say. The first, considering the age, would incline to eliminate, as in persons of that age the appendix may be reduced to a rudimentary condition.

The second simulates very closely. The fall of temperature and remaining inclines one to think it not a true case or at least one not urgently demanding operation.

The third, the persistence of rigidity, flexion of leg, continuation of temperature and the gradual appearance of tumor decided in favor of perforation with abscess formation. Knowing that in case of perforation it would be better to operate early and avoid the danger of abscess formation, but who can absolutely tell the condition of a hidden appendix. I frankly state that I do not believe any person can make a positive diagnosis early in the case without an operation, and if the truth was told surgeons would admit they have opened abdomens and found, to all appearances, conditions normal.

What I have seen from observation and gleaned from experience, there are two most favorable times in which to operate. If you are correst in an early diagnosis upon operating you find the appendix congested with spots of gangrene ready for perforation without any pus formation. But if the case has been seen late it probably would be best to wait for local manifestations of abscess. The abscess wall will become attached to wall of abdomen and the opening of same is not complicated. There is little danger of infecting the peritoneal cavity. If abscess is deep-seated you may rupture and its contents escape, setting up general peritoneal infection.

SUMMER DIARRHEA

By W. C. Abbott, M. D., Chicago, Illinois.

We are told that cholera infantum no longer exists; but if this be so, how are we to explain the fact that, as the sultry days of July roll by, the mortality lists show a progressive increase in the number of deaths of children from gastro-intestinal diseases? It will, we fear, be many a year before the dog-days cease to be a menace to the child in its second summer.

One of the earliest lessons taught us in the field of practice, was the enormous importance of the hygienic conditions to the young child. Time after time we noted that the little ones with summer diarrhoea would improve while in the parks, or on the water, during the day time; and get worse on their return in the cool evening to the foul-smelling tenements of the poor. What folly it is to prescribe a "treatment" for infants, who are inhaling poison

with every breath, the air they are compelled to breathe being surcharged with the poisonous emanations form a foul cesspool. The man who would believe that a few grains of calomel could possibly counteract such a condition, most assuredly has greater faith in drugs than we.

Pure air to breathe, pure food to eat, pure water to drink, are the first considerations in the treatment. Next to these we place coolness. When the temperature rises above the point of ninety, children who are not sick will suffer; and the evil effects of any malady they may have will be increased in proportion to the heat. Let the living rooms be kept dark; strip the child of its clothes, and let it play on a blanket spread upon the floor. Keep the bathtub full of water, and encourage the child to splash into it as often and stay there as long as it pleases. A huge block of ice, placed in a tub in the room, will materially lower its temperature; and the cost will be much less than that of a trip to the seashore.

In regard to the diet, one of the most important suggestions ever given the profession came from Lauder Brunton, a few years ago. The micro-organisms that are kicking up a shindy in the alimentary canal have learned to subsist on the diet they find there, consequently it is up to us to change it, and a complete change will starve most of them out. Therefore, place the little sufferer on a diet exclusively composed of rice or barley water, and keep this up for one week. By this time most of the milk-eating micro-organisms will have been starved, and the few that have learned to live on starch will scarcely survive if now we submit them to a week of fruit juices. Bear in mind that the object of this treatment is only obtained by the exclusive use of the foods mentioned, and not at all by simply adding them to the foods previously employed. After a week of fruit juices we may return to an exclusive diet of meat soups, or even milk, with advantage.

The query seems pertinent, if it is a good idea to starve the microbes, why isn't it just as good to destroy them in other manners? We think it is; and experience has proved that the use of intestinal antiseptics is a very satisfactory method of treating these cases. Begin with calomel, giving gr. 1-12 every hour for six doses. Follow this with a saline laxative, rhubarb, castor oil, or any other remedy to sweep out the alimentary canal and clear away any irritating contents it may have retained. Then give the sulphocarbolates; of zinc if the diarrhoea needs checking, of soda if acidity or gastric irritation is prominent, of lime if nutrition is impaired and cachexia is present. Of either give from 1-6 to one grain, and repeat every one hour to two hours, according to the urgency of the symptoms; and continue until the need is fulfilled. Neither of these remedies has any other top limit.

The rationale of these drugs is readily comprehended: Calomel is undoubtedly changed into the bichloride, and besides acting as an antiseptic it increases elimination and incites the digestive secretions. Rhubarb does the latter also, and is one of a small group of remedies to which is credited the power of replacing vitiated secretions by healthy ones. Two other remedies of this group are emetine and juglandin. It is my practice to give emetine in addition to the above, during the acute stages of this malady, in doses of gr. 1-67 or less, every two hours, keeping far inside of the nauseant dose. After the worst is over I substitute juglandin, which also helps to prevent sluggishness of the bowels and consequent retention of their contents.

The results of this treatment are so satisfactory that for many years I have not altered it in any material respect. I do not like the appearance of vaunting my own achievements, or of claiming to

be anything better than an average general practician; but when one employs a treatment against a disease from which he previously lost many patients, and after changing to the treatment described practises actively for many years without losing another case from the same cause, is he not justified in asserting that no doctor need lose a case of summer diarrhoea, if he will but intelligently apply the proper treatment? It has been many a year since a little grave was filled by a patient of mine dying from cholera infantum.

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee.

(Continued from page 196 June Recorder)

INFANT FEEDING.

The very close relation between gastro-intestinal disorders and the quality and quantity of food used by children, is up to us for grave consideration, as the warm summer months are at hand. It is a demand made on us by the laity that curable diseases be cured as well as preventable diseases be prevented. In preventing diseases probably no factor of greater importance could be named than that of improving the quality of milk supplied for feeding infants. In this there is greater urgency for education than legislation. It is for the laity now to demand the very best that dairies can place on the market. In this it becomes very natural for the physician to lead. What our cities want and need is pure fresh milk. The time element is too often trifled with. The natural ferments are always most powerful in the newest milk. Milk may be sweet and pleasant to taste and yet be old and impure. Fresh milk is a product of live blood and is quickly transformed back to such. Old milk is inert; that is, it is devoid of its native ferments and is therefore unfit for babies, especially those of delicate make-up. A chemical substitute for whole milk—something just as good—is hard to find. Nothing in the way of sterilization or preservation will restore to purity old and stale milk. Pure milk may be defined as milk having all its natural elements in their normal relationship and uninfluenced by age or science. Cleanliness is one of the main factors in preserving whole milk intact. Pasteurization and sterilization are relative terms and do not remove bacteria. That a babe here and there grows fat on somebody's condensed milk is no sane argument against using wholesome, pure cow's milk when artificial feeding becomes necessary. For statistics show that while one reaches vigorous adolescence by the "condensed milk route," that nearly a half dozen die in the early months of childhood, or else were too morbid to withstand the diseases which are peculiar to that period of their existence. While we country practitioners experience but little trouble in securing virile milk to feed our infantile population this is a subject of grave importance to city practitioners and only morbid indifference or commercial greed will prevent our cutting the present infant mortality to less than one-half in the next few years by taking care and looking after their feeding.

So far our remarks have mainly been directed to artificially feeding infants. We will now turn our attention for a short time to nursing and normal breast milk. After the "colostrum period" is passed the chemical composition of normal mothers' milk is approximately as follows: Water constituting from 85 to 90 per cent, fat in minute globules held in emulsion by soluble proteids. The average per cent of fat is about four, varying from three to five per cent. The carbo-hydrate of milk is lactose or milk sugar which is constantly six to seven per cent. The lactalbumin is in solution. Its amount is twice that of casein. The casein is in suspension and

may be precipitated by adding acetic acid. The curd thus formed in breast milk is in fine flocculi, differing from cows' milk, which comes down in dense masses. In a good specimen the proteids of breast milk average about 1.25 per cent. The most important salts are calcium phosphate and pot. carbonate. The salts amount to about 0.2 per cent.

A chemical examination of milk is often impossible, especially in the country, and the physician must depend on his own simple tests. The quantity may be estimated from the amount drawn with a breast-pump. The most reliable test, however, is to weigh the infant before and after nursing on sensitive scales. The average result of two or three weighings will be sufficient. Whether the milk is very rich or very poor may be estimated as follows, using the entire amount of milk pumped from one breast. A small glass tube holding ten c. c. and graduated to hundredths is filled with breast milk and allowed to stand at ordinary room temperature for twenty-four hours. The percentage of cream is then read off. Under these conditions the per cent of cream is to that of fat as five to three. That is five per cent of cream indicates three per cent of fat.

So far as proteids are concerned we can only distinguish between conditions in which they are extremely high or extremely low. The sugar and salts are present in so nearly constant proportions that their variations may be regarded as having no effect on the specific gravity. Then the assumption is that if the fat is high and the specific gravity is high the proteids are in excess. In like assumption, if the fat is low and the specific gravity is low the proteids are in two small proportions. No germs are found in normal human milk if the breasts are kept clean.

(To be Continued)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 195 June Recorder)

ADVERTISING.

Do doctors advertise? Perish the thought! They are the only class of people on the face of the earth, who believe the world owes them a living and that all they have to do, to collect it, is to keep a chair bottom nice and warm. Still some curious doubts trouble me from time to time and I have had considerable difficulty in finding the proper name for some of their idiosyncrasies.

When I see the name of an eminent surgeon, attached to a newspaper effusion on pneumonia, or the proper care to give a teething baby, it would seem to many people, that he was seeking publicity.

When we see the name of another one attached to a recommendation of a proprietary antiseptic during a measle epidemic giving minute directions for the care of the case, about which he has had no practical experience, it would seem, that the limits of absurdity had been reached; but no! you will find this medical animal taking the public into his confidence on everything, from ingrowing toe-nails, to the best way to control a typhoid fever epidemic. It begins to look to the layman, that our friend is getting what advertising he can without paying for it.

Last week, while standing upon my lawn, a neighbor had to make a mighty spring to save himself from being run down by an automobile which turned the corner suddenly on two wheels. As soon as he could get his breath, he asked who the d— idiot was. I assured him it was all right, as it was only a new doctor in town, who was trying to run down some business. Later the same day, I was persuaded to attend church in the evening, and during the sermon a messenger boy handed the preacher a

special delivery letter, which, upon being opened, evidently had an emergency call for the new doctor, as he grabbed his hat and rushed out. We were highly amused and rather inclined to "cuss" as this fellow rushed his automobile past the house at a forty-mile clip every half hour, while responding to imaginary emergency calls. He lasted just three weeks, when a paper of tacks judiciously distributed, put him out of the emergency business, and his patients had to wait, while he traveled at a ten-mile gait, with his head craned over the radiator, looking carefully and fearfully for "tacks."

I have often wondered, what mental process leads the specialist to write a paper upon some unheard of subject, when attending a medical convention in the country and who strolls out into the ante-room, or holds a conversation with some acquaintance, while some country doctor is laboring with a paper on some practical, everyday disease. Is it superior wisdom, or would he have the convention believe that he is so well posted upon common topics, that they no longer interest him. Why the patronizing air that he assumes in meeting country physicians or in debate? Possibly the specialist knows it all; but there is a well grounded suspicion, that the country physician knows more in one minute about the real theory and practice of medicine, than this gentleman will in his whole life.

Why do physicians wear a beard cut in a certain style, a stove-pipe hat, and carry a bag of a certain make? Why are they so anxious that strangers should be impressed with their "professional appearance?" Surely, they don't do it for advertising reasons.

I well remember the presence of mind shown by an eminent specialist a few years ago. This gentleman, who is a fashion plate of what he thinks a doctor should look like, was passing along the street, when a man fell ten stories upon the granite sidewalk. He had hardly struck the ground before our robin was after the early worm. A great crowd gathered while this gentleman knelt beside the falling man. He opened his grip with a great show of deliberation and took a thermometer out, and placed it between the lips of the dead man, and did not realize what the shout was about until an Irishman remarked: "Would you look at thot—he is trying to find out if his nobs are in h—l." Sometimes, when I take up a medical journal and read articles concerning either some well demonstrated truth, or of some disease which does not exist in this country, I wonder how much precious time of the medical profession is wasted, and how it pays the specialist to spend his time and use up so much valuable ink and paper. I have also wondered what useful purpose is served in going back to Hippocrites in every article and bringing it down to date. Does the writer do it to impress his readers with his erudition or learning, or does he do it because of paucity of ideas, or does he think his readers are ignorant? Suffice to say, the average medical journal is a disappointment, when you read one, you have practically read all. You can spend weeks convassing the medical literature and fail to find one original virile idea. Is it possible that physicians are commonplace and do no thinking? I doubt it. I have met many thousands of them during my practice and a heartier, whole-souled, class of men do not exist upon the face of the earth. They can beguile you with a story, give you a chip off their personal experience, or give you a handshake, that will make you feel like a new man. So it would seem that the doctor, individually, is not to blame for the medical journal being mediocre, and the fault must be charged to "convention." The "Medical Holy of Holies" and its "stuffed ethical God" has been the fear of all medical editors, with few exceptions, and has

made their journals of small practical use to the physician.

I have often wondered why some great medical grafter gave $40,000 to some of the churches, whether he was really as philanthropic as the act would seem; but when you see your own patient ordered by the priest "to go doon and say Dr. Spuds," a flood of light is thrown in dark places, and it would seem that the medical man could skin the ordinary advertising agency in virile ideas.

THE ADVERTISING SPECIALIST.

My introduction to this gentleman occurred several years ago, and as he is of a special type or classification of the Genus Homo, he deserves special mention.

I received a telegram, eight years ago, to reserve six hours of my time between certain hours, and it was signed by a physician's name not familiar to me. The request was so extraordinary that I complied. Promptly on the minute a pompous, exceedingly well dressed gentleman, followed by an alert and good appearing young woman, came in and introduced himself and the young lady as his stenographer. He asked me to lock the door, so we would not be interrupted. Upon complying with his request he said: "Doctor, I want to ask you questions and am willing to pay you your own price for your time." I tried to tell him that I was willing to be of any service I could to him without compensation, but was waved aside and told me he didn't do business that way, so I told him to "fire away."

He took out a huge note book and began to describe the symptoms of numerous cases with the microscopical, chemical and physical finding, and I was asked to make a diagnosis and prescribe treatment, my statements being taken down rapidly by his stenographer. He continued the process for six hours, got up suddenly, asked the price of my time, got it, paid for it from a huge roll of bills and was gone before I recovered from my bewilderment. The astonishing completeness of his clinical pictures and the elaborateness of his laboratory findings excited my curiosity, as they were so much at variance with the lazy, slip-shod methods of the average physician. Two weeks later, he came again and for three hours I was put through as sharp and shrewd an examination as a good criminal lawyer could give. He appeared at intervals of ten days for a year, until I conceived a real affection for the man. So I hailed with joy a telegram calling me to come to his place with my instruments. I was met at the station with a fine carriage and a magnificent span of dapple grays and whirled to his office.

Gentlemen, I thought I had seen a physician's office before, but I never saw one so thoroughly equipped. Everything the heart could wish for was there—microscopes, chemical laboratory, autoclaves, photographing room, and a thorough layout of physiological therapeutic apparatus and the most thorough equipment to examine the eye that exists in this country today. I only got a hurried glance through the rooms before I was reminded that my patient was ready, and passing into a room exquisitely filled with electric lights, I found my patient asleep and in position for an operation on as bad a case of hemorrhoids as I have ever seen. The operation was completed within a few minutes and after washing up I was informed that the carriage was waiting and we only had ten minutes to train-time. As I was leaving he handed me an envelope, with the remark, "to be opened only on the train," and I later found six perfecto cigars and a check for $200, which only excited my curiosity regarding this medical phenomenon. Who was he? Where did he come from? And how did he make such an extraordinary success in medicine? My own ego told me that he was my inferior in both skill and knowledge

and I, even in the best years of my practice, never felt justified in spending money for the equipment that my heart had always desired. I was determined to solve the riddle of his success, if it was the last thing I ever did in this world. It took me over a year, before I found that it was just plain "advertising." He became very "chummy" after a while and I got his story. "I tried the ethical game for twelve years, and in that whole time I did not succeed in saving a thousand dollars. I started advertising in a small way and the first month my practice jumped over two hundred per cent, and in six months I required assistance to handle it successfully. I started in to give my patients a square deal and I made a great success; but as curiosity got the best of me I tried the "pure fake," and while I made over $25,000 the first year, I eventually went broke. Late years I have thrown away all the loaded dice and am playing a straight game, and as you know, every patient here gets better care than can be given by any regular practitioner. We get the best people in town and our patients are our best friends." Conversation carried on with many of them would justify him in this belief. While this man is a type by himself I have since known many of them who were actuated by high ideals.

THE ADVERTISING QUACK.

This biped belongs to the vulture type and is a true bird of prey. Anything is meat that comes within his vision. Nothing is too sacred or profane but what he can use it in his business. He is a thing apart from the rest of humanity. His specialty thrives only upon general public ignorance of medical matters. His prey, the young and the old.

The youth, just budding into manhood, is taught to believe that natural phenomena are pathological; that seminal emissions at intervals are part of the spinal cord, or a vital fluid whose loss is followed by impotency, sterility and insanity. His fears are played upon, his symptoms magnified, until he grasps at the few straws the quack offers in the great ocean of dispair. He is doped, has strictures cut that he don't have, varicocele operated upon that don't exist, and in various ways he is played for a good thing, and all of his salary goes to swell the coffers of as precious a lot of rascals as our modern civilization has produced to date.

The old rouie, is also the victim of this confidence game, and gives all he can beg, borrow or steal, to these people in return for another erection, before he passes in his "chips." It would seem that medical men are alone to blame for this condition. If they would go out of their way to get acquainted with our boys and educate them upon the subject of sexual hygiene, they would do more for the human race than all the dispensaries and hospitals combined. The ignorance and abuse of this God-given function, is responsible for nearly all the suffering of men and women. Is it possible that the medical man, himself, is ignorant of the subject? Curiosity upon this subject, led to an experiment. A likely young man who was well posted upon the ways of the world, interviewed ten physicians at random, for information upon this topic. He was instructed to tell them of his passion and ask for advice as to the best means of relief. Six of them referred him to the brothel, two advised masturbation, and one confessed it was a hard problem and advised marriage. One gave him the greatest sermon even given from the lips of a mortal man. This grand old man was in a great hurry until he learned the errand of his caller, when he grasped his hand and shook it warmly, invited him in his library, gave him a good cigar and began with the lights turned low before the blazing fireplace:

"Young man, you ask me to tear the veil from the mystery of life. To step

into the presence of the Creator and explain to you the mystery where man approaches God. I have studied the subject all my life, and the sublimity of this God-given attribute to man is little understood.

"It has been the subject of coarse wit for centuries, has appealed to the vulgar as a jest. To me it has been like a benediction from the divine hand of God.

"You feel within you, certain promptings that are causing you unhappiness. You are becoming morbid and no apparent reason to be given. You have youth, health, wealth and a splendid physical body. In other words, you are a magnificent animal. Still you are unhappy, and why?

"Young man, you believe you are all nature intended you to be. Let me tell you that you are immature, raw, unripe, in other words you are not a man. Something is known to be lacking to your complete happiness, and that is a mate. The Creator never intended man to live alone. In order that his life may be rounded out, become fruitful and bear its just share of burdens in this world God gave you the promptings that are now making you miserable—to make you choose your mate. Somewhere upon this broad earth there exists a being. She is your other half and until you find her you will never know happiness. She is not miserable like you, but radiantly happy and beautiful. You make her so—she hears your messages upon the wind. She sees your likeness in her dreams. She combs her beautiful hair and bathes her exquisite body for you. Every sound, she looks for you—her idol, her husband, her God. Sometimes she is just a little morbid and "blue" like yourself, and goes to her room for a "good cry," but it is for you she is waiting. For you she is keeping her body pure and holy. It's true she pouts sometimes and says she don't care because you have kept her waiting so long, but the divine nature within her keeps her in good heart. When you get the first flash of her glorious eyes it will all be arranged except the details.

"She is doing all this for you. How are you taking care of your body for her? You tell me, you have been advised to go to the public brothels for relief from your melancholy.

"Take my advice. Don't. I am willing to admit that some relief could be found by this conduct, but remember this function was given into your keeping for a good and holy purpose. When properly used it is a perennial source of happiness and blessing, and its abuse is followed by the most terrible punishment that the human flesh is heir to. Promiscuous venery is followed by disease, decay and death. Again, do you think you are using your partner just right. She, whose every thought is of the good, noble, manly man that God has made for her husband, who is keeping her body and soul pure for you and you alone. Are you to abuse your body for the short period of separation before you find each other, so that you bring to her disease, misery and death? Remember that God has given into her keeping the microscopic cell, that when fertilized by you and you alone, will develop safely within her divine form, until you will see, in a short period of time, your immature likeness that has inherited all of either your good or bad traits, as a sacred trust, to hand down to future generations. If you have lived wisely and well your posterity will bless you. If you have broken the moral law, your posterity will curse you. You hold within your head the power to be either a blessing or a curse to the world long after you have passed back to the earth from whence you came. Will you transmit your magnificent body, received from a long line of worthy ancestors, clean and pure to their descendants, to the end of time, until God in his wisdom has worked out completely the problem of man? Or will you put yourself and your progeny in

the path of the lightning express—the immutable law of God—and be swept off the earth before the problem of human existence is solved, by the law of the survival of the fittest? Young man, no other human being has ever had a greater responsibility resting upon their shoulders than you. Will your descendant survive until the end of all things? God, by means of venereal disease, eliminates the unfit from transmitting their own defective moral nature to posterity, by rendering them sterile and unable to reproduce their kind. It is true, physicians have by means of drugs, partially overcome this terrible law only to hand to posterity a race of insane, imbeciles and cripples or a physically defective type that is destined to a life of misery, disease, with eventual death. Your creative power is given to you as a custodian. If you prove unworthy, the immutable law of God will cast you aside as a broken reed and with you, your race comes to an end."

I sent out a cunning, reckless youth. The individual who came back was a sober, earnest, wide-eyed young man. His comment:

"Doc, the 'old duck' may be running a matrimonial bureau for all I know, but he certainly made me think; no more red light district or girly girls for yours truly. If my other half is taking such good care to keep her mind and person pure for me, I will see what soap and water and good thoughts can do for her, until we meet."

God bless the old doctor. He served better than he thought. Would his name were legion. Amen.

Since the advent of standardization the alkaloidal problem has been insistently thrust upon our consideration. It demands our study of the principle alkaloid of every plant-drug preparation of the pharmacopoeia.—James Burke, Courier-Record of Medicine.

LOBELIA INFLATA

By J. W. Crismond, M. D., Anderson, Indiana.

The following declaration is made by Alfred Swaine Taylor, M. D., F. R. S., in his "Treatise on Poisons." "There is an erroneous notion that this is a useful medicine and not a poison, although, like arsenic and opium, it may be either, according to the mode in which it is employed."

To those who are familiar with the properties of lobelia inflata, the result of years of practical experience in its exhibition in sickness, the above pronunciamento only provokes a smile of contempt for the credulity of the writer, and at the same time it invites unmerited skepticism as to his opinion and authority in reference to the medicinal value of other drugs.

Now, then, in the first place, lobelia inflata is, in its proper application, one of the most "useful medicines" in the materia medica, and in certain diseases its value cannot be duplicated by any other drug; and in the second place, inherently it is not a poison, consequently it can not be poisonous in any size dosage.

Ringer tells us that the dose laid down in our usual text-books is too small, and that we may freely administer a drachm of the ethereal tincture (same strength as tincture lobelia, U. S.) every hour, or ten minims every ten minutes with advantage, immediately before and during the asthmatical paroxysms.

Not to be outdone in generosity and good deeds by Ringer, I will say, where indicated, give one drachm, two drachms or more of the tincture, every ten minutes until the desired result is obtained, and rest assured you will do your patient no harm, but on the contrary the treatment will prove salutary and curative. To some this may sound rather quixotic, especially since it seems to contravene text-book authority, but pardon me when I assure you that my knowl-

edge comes of nearly thirty-four years' experience in administering lobelia inflata in all its forms and in all size doses.

I recall to memory when in the early seventies, shortly after marriage, how terribly my wife was afflicted with asthma, and the desperate struggle she experienced at the opened window in trying to "get her breath" during one of those awful asthmatical paroxysms, that usually seize the asthmatic so unawares, and the appealing, pathetic facial expression asking, "Husband, can you not relieve this awful distress? Can you not deliver me from this impending dessolution?"

Right here is where we cast fear and misgivings to the four winds, and buckling on the whole armor of intelligence and faith in therapeutics we go in to win the victory, however formidable may appear the weapon of warfare, just so we subdue the enemy and win the battle. My armamentaria upon those occasions consisted of lobelia and saguinaria tinctures given with a lavished hand, as I have frequently administered one to two ounces of the tincture of lobelia at one dose, and repeated as often as necessary to obtain results, regardless of the interval of time between does. Why? Because lobelia inflata is not a poison in any sense of the word. No one was ever killed by lobelia, and the reported fatal results by the use of lobelia is all bosh.

In the spring of 1875 I was called to treat a case of mushroom poisoning. The patient, a woman weighing 180 pounds, was in violent convulsions, unconscious, pupil of the eyes contracted almost to the size of a pin point and the surface cyanosed, and bedewed with a profuse, clammy sweat; she would scarcely relax from one convulsion until she would pass violently into another. To medicate per os was entirely out of the question, so I was compelled to introduce the medicine per enema. I worked unceasingly with this case from ten o'clock one morning until three o'clock the next morning before I controlled the convulsions, and in that time I used two pounds of pulverized lobelia seed made into infusion. My patient made a splendid recovery. Rather an extravagant amount of deadly poison (?) to pump into a human being with the expectation of restoring the patient to health, and yet the patient lived for twenty-five years after her experience with mushroom poisoning and lobelia infusion.

In the year 1882, I was confronted with a case of trismus traumaticus, the result of an attempt to extract a molar without loosening the tooth, or even as much as drawing blood. Every muscle became as rigid and inflexible as an oak plank. The case presented every aspect of death, as respiration was almost imperceptible, eyes staring, and the labial muscles presenting that peculiar frightful risus sardonicus. I called for help. The consultant came, looked at the patient, and framing an excuse that he had to go to the country, made his exit as fast as his legs could carry him. He left me alone to get through with my case as best I could. As deglutition was out of the question I was forced to resort to enemata by way of medication, and the infusion of pulverized lobelia herb as the medicament. Half a gallon of the infusion was used in twelve hours, which brought about complete relaxation and restoration of consciousness. The patient made an uneventful recovery.

I could doubtless entertain the reader almost ad infinitum by presenting my personal clinical experience with lobelia, but this is not the purpose for which this paper is written. My desire is to call the attention of the reader to the value of this much neglected and maligned drug.

Lobelia is of great service in bronchitis, to produce relaxation and expectoration. In pneumonia it is almost a specific, when given in grains one to

two of the pulverized seed every two or three hours, combined with capsicum, when indicated. Lobelin or the oil may be triturated in sugar and administered in doses of from one-sixteenth to one-eighth of a grain every two or three hours. In all the realm of therapeutics lobelia is easily the queen of antispasmodics, and its nervine action has few equals and no superior.

Lobelia combined with any one of the vegetable stimulants equalizes the circulation, reduces congestion and promotes diaphoresis, and increases the excretion of the watery fluids by the kidneys. It is quick and energetic in its emetic powers to relieve a vitiated stomach, reduces the action of the heart with perfect safety, and produces a general relaxation of the entire system, without any save the most salutary effect.

In acute inflammatory pleurisy pulverized lobelia seed in combination with asclepias pulverized, xanthoxylum pulverized, and pulverized Jamaica zingiber, its action is prompt and efficient. Lobelia may be employed in a great variety of diseases, either alone, or in combination with other remedies, with the utmost confidence in its beneign and curative action, and you need have no fear of any poisonous effect.

This is by no means a fulsome laudation of lobelia, for not one tithe of its many virtues has been told in this article.

Thymol, 1-4000 will preserve cocaine solutions. Acetanilid, 1-5000 will preserve peroxide of hydrogen solution.

Creosote, even when administered in capsules and upon a full stomach is liable to go to pieces against the stomach wall and cause considerable irritation. It is the best given as follows: Creosote 1, charcoal 2. Mix and allow to dry without heat for a half hour; then place in konseals and take on a full stomach.—E. S. McKee, M. D., Cincinnati, Lancet-Clinic.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

OPPORTUNITIES FOR STUDY IN VIENNA

To the physician contemplating a few months of study abroad, this article may be of some interest. My experience has centered around Vienna, which is conceded to be the greatest medical center in the world.

There are wonderful opportunities for the man of medicine in Vienna. Besides being the most important medical center in Europe, it has other attractions of great interest to the lover of art and music. Its large hospital, covering many acres of ground, is one of the largest extant. It has a capacity of three thousand patients. The main reason Vienna enjoys the position she holds in medical circles is due to the fact of its accessibility and the plentitude of clinics and material. The Allegemeine Kranken Haus is divided into yards or "Hofs," which are designated by numbers. All the courses are held here. The clinics are all held in the hospital in their respective divisions. This enables one to work continuously from 8 a. m. to 7 p. m., if one wishes, and little time is wasted by going from one clinic or class to another.

On arriving in Vienna, it is expedient to take temporary quarters at Hotel Hammerand, which is two blocks removed from the Allegemeine Kranken Haus. Then one can look about for a "Pension" or boarding house in the vicinity at one's leisure. It is best to register at once at the Cafe Clinic. This place is opposite the Allegemeine

Kranken Haus and contains a register of all American physicians who have been or are studying in Vienna. At this place you will easily recognize some of your countrymen and they will be glad to assist you and direct you to the committee-man who has charge of the department of medicine you are most interested in. There are committees of orientation, appointed by the Society of American Physicians, who will aid you in mapping out your work. If you are going to take Kovac's course in medicine you must register for it, and also for the course in gross pathology. It is very important to register at once for the latter course, owing to its popularity. The clinics in internal medicine are presided over by Van Noorden, Neusser and Schrotter. The clinics in surgery are conducted by Von Eiselsberg and Hochenegg. The gynecologic and obstetric clinics are conducted by Schauta and Chroback. The chief in children's diseases is Escherich. The skin and venereal clinics are conducted by Riehl and Finger. Lorenz is at the head of the orthopedic department. Wertheim, the famous gynecologist, can be seen at the Polyclinic, at which place Gersuny of paraffin prothesis fame, also operates. Weichselbaum is at the head of the department of pathology and bacteriology, assisted by Ghon and Stoerk. Psychiatry and nervous diseases is headed by Wagner Von Juregg. Fuchs on the eye, and Politzer on the ear, are the heads of the respective departments. Turck gives a good course in hematology. The bedside clinics are found of great interest. The technique and the different aids in examination are well illustrated. The class numbers ten and meets in the ward one-half hour before the demonstration or lecture begins. Each is assigned a patient to examine and many interesting diseases can be studied here. At the appointed hour the chairs are drawn up to the bed of the patient to be demonstrated. The lecturer examines the case, first reading the history, then proceeding to inspect palpate, percuss, auscult. The different symptoms are dwelt upon and the diseases enumerated in which they are found and a most exhaustive differential diagnosis is made. Treatment is given but little attention. The lecture consumes an hour or more and the fee is two kroner or forty cents. There are twenty lessons to the course. The best courses are conducted by Kovacs, Schmidt and Wechsburg. The most interesting work is found in the pathology building. Each morning between eight and ten o'clock, post mortems are conducted; an average of eight or ten bodies are posted. The work is most thoroughly done, and the interesting specimens are saved and demonstrated to the class in gross pathology, conducted by Ghon and Stoerk. In this course one afternoon may be devoted to studying pathology of the kidney. Many interesting specimens, ranging from an acute nephritis to a hypernephromia will be shown. Fuchs gives a most interesting course in nervous diseases. Each hour he presents about ten patients and many rare and interesting cases are seen. One sees a few cases of insanity and many cases of paresis, ataxia, multiple sclerosis, syringomyelia and the different forms of paralysis. Fuchs is a fluent speaker and speaks a German that is easily understood. A good course in gynecology is given alternately by Burger and Christofeletti. While one conducts the course in gynecology, the other conducts the course in obstetrics. They are both assistants to the Clinic of Schauta. The course in obstetrics is the best to be obtained anywhere. There are thirty children born in the two departments of obstetrics daily (fully eighty per cent are illegitimate). The course runs two hours daily. Although one may spend all the night and day there if one wishes, the class is limited to six or eight and runs a month. The fee is twenty dollars a month. A great variety of abnormal work is presented here, owing to the great prevalence of rachitis. It is noth-

ing unusual to see five or six normal labors (which may be conducted by the class if they wish,) a few forcep cases and an eclampsia or placenta previa, besides one or two abortions daily. The currettments are also done by the class.

An extremely interesting course in children's diseases can be had at St. Ann's hospital. This is a few blocks distant from the Allegemeine Kranken Haus, and the clinics are well attended. The courses are given by Pirquet and Hamburger. Spiller at the Kinderspital, gives a good, practical course in intubation and tracheotomy. The class is first put through practice in intubating a dummy; then dead children or infants are intubated, and after becoming proficient in this, intubation is practiced on a boy who needs to be intubated frequently for stenosis following decubitus of the larynx. Tracheotomy is practiced on cadavers. Clairmont and Haberer give an interesting course in surgical diagnosis in the surgical ambulatorium. Many instructive cases are seen here.

I had intended to go more in detail about the work and possibilities in Vienna, also to speak about the most attractive route to take, and other hints to the tourist gained by experience, but time and space forbid.

H. F. Langhorst, M. D.
Elmhurst, Ill.

APPENDICITIS—A SUGGESTION

Inflammation of the appendix seems to be the most modern of any disease with which we now have to contend. Three decades ago it was scarcely known. Previous to that time there was an occasional case of intussusception of the bowels, or other obstruction of the alimentary tract which might cause death or call for surgical interference. But the appendix per se was not much thought of as a source of disease. In fact the earlier anatomists were at a loss to explain its special function. Even now, its only function so far as discovered, seems to be to give the people much worry, patients great pain, and surgeons much well paid work.

As early as twenty-five years ago the disease was so rare as to be without a fixed and authentic name. In the earlier period it was believed that all cases of appendicitis were caused by irritation of the little gut by grape seed or some other small fruit seed. But, upon post mortem or operation, as the irritating seed was not found, it was usually decided that it had escaped. As no seeds had been found which could be given as the cause of the condition, then it was concluded, some twenty years ago, that the inflammation and resulting suppuration were due to enteroliths which had an acrid, irritating action on the mucus lining of the appendix. When no enteroliths were found it was decided that they must have become dissolved by the pus. For the past ten years cases of appendicitis have become so numerous that no one seems to have had time to investigate for some new cause.

The cause of appendicitis is undoubtedly due to defective or imperfect digestion. Now, let us reason together by analogy, if you please.

About thirty years ago, the so-called breakfast foods were introduced. They are mostly to be eaten with milk, can be eaten by babes or old people without teeth, as such foods require very little or no chewing; consequently are not properly mixed with saliva, which is such a factor in proper digestion. Breakfast foods are palatable and very convenient for the housewife who does not want to or does not know how to cook a genuine, good, wholesome breakfast. In fact, such preparations are so convenient that some families use them at each meal, three times per day. The manufacture and use of breakfast foods has rapidly increased and cases of ap-

pendicitis have kept pace side by side. Observation and inquiry about many cases of the disease show that the families in which the cases have occurred have been extensive users of breakfast foods, while farmers and other families who do not use such stuff never have appendicitis.

Dr. D. D. Rose.

Valparaiso, Indiana.

ENURESIS

The treatment of this troublesome affection is all too often a sad commentary on the efficacy of our armamentarium, and the reason is not far to seek. Physicians usually prescribe haphazard without taking the trouble to search for the cause of the incontinence. A painstaking examination reveals the cause usually, and removal of this permits nature to do the rest. The cause may be found in phimosis, adhesions of prepuce to glaus, balantitis from retained smegma, adherent clitoris, irritation from abnormal urine, anal irritation, fissures, fistula, seatworms, hemorrhoids, prolapse of rectum, constipation, masturbation, calculi, etc., or due to fault in innervation, hyperesthesia of cystic mucous membrane, atonic sphincter, hyperactive muscular coats of bladder.

If due to lack of nerve balance, strychnine arsenate 1-134 gr. is our standby. The dose is governed altogether by the effect. One granule every three hours for two or three days, if producing no appreciable results, should be increased to two or three granules. Atropine sulphate 1-500 gr.—1-250 gr. every night and morning often acts remarkably. The remedy should be pushed to full physiologic effects if improvement is slow. Hydrastinine hydrochloride is an excellent synergist to the above. The dose is one granule, gr. 1-12 every three hours, continued for weeks. If urine is highly acid and irritating, arbutin and lithium benzoate should be tried; arbutin gr. 1-6—1-2, lithium benzoate gr. 1-6, well diluted, every three hours.

It often happens that the cause may be removed and the habit continue, especially if chronic. Some of these cases do not respond to any of the above remedies used alone, but do to a combination of all. Usually, however, it is better to give single remedies and continue for a prolonged period. If two or more are indicated give alternately, increasing or diminishing according to the effect or lack of it.

Dr. Robinson suggests (Critic and Guide, March, 07) using suppositories of atropine, strychnine and hydrastine, and in older children a drop or two of a solution of the above in distilled water applied to the deep urethra. These means are well worth trying if internal medication per orem fails. Coating the meatus and part of glans with flexible collodion is an excellent suggestion from the same author.

If diligent search is made for the cause and this remvoed, a cure results unfailingly. The remedies indicated must be given for weeks.

Hygienic measures, cold bathing of parts, perineum, scrotum, lumbar region, electricity, especially the faradic current, should be employed in connection with medicinal treatment.

R. J. Smith, M. D.

Schenectady, N. Y.

The following came from Oklahoma put up in abnormal salt solution: Mrs. True, married, age 35, stuck a needle into the middle finger of her left hand. On the advice of her family physician she left it alone. Sixteen months later she gave birth to twins and one-half of the needle was found in the corresponding finger of each child. It was Mrs. Dooly who said: "Twins do bee wan of thim misfortunes as niver comes singly."—E. S. McKee, M. D.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

PATHOGENY OF CRIME.

Dr. A. Lorand, of Carlsbad, Austria, recently delivered a lecture on the subject before the Medico-Legal Society of Philadelphia. Dr. Lorand is not widely known and disclaims being an alienist or even a specialist in psychiatry. But he is a thinker and what he said deserves being repeated, especially because it fits readily our American conditions.

He lays great stress upon the influence of the ductless glands, the adrenal system so-called by Sajous, upon mentality. Loss of equilibrium among them results not only in the deterioration of various vital processes, as we have learned of late, but also in definite perversions of the mind. Insanity and criminality stand in close relationship, the difference being, mainly, one of degree. There are two great barriers against crime—free will-power and sound reason. The man who possesses full volitional power is able to control his impulses, actions and passions, and only he can be held responsible for crime whose reason can distinguish between right and wrong.

Alteration in the function of the thyroid affects the whole cerebro-spinal system and changes mentality. Decrease, as in myxedema, is followed by mental depression, melancholia, increase as in Graves' disease, by mental exaltation. The effect of the latter is similar to that of alcohol and chloroform, both drugs exciting the functional activity of the thyroid.

The sexual glands and the thyroid stand in close relationship, alterations of the former associated with alterations of the latter. Swelling of the thyroid gland at the period of pubescence is common, especially in girls. Alteration of mentality is to be expected and can readily be observed at such times, always in the character of exaltation. Conversely decrease in the function of ovaries or testes leads to mental depression. Castration in man or woman is followed by alteration of personality. Before puberty there is no proper conception of right and wrong. Hence there should be no responsibility before the law before puberty.

There is degeneration of the thyroid in alcoholism, syphilis, infectious diseases, tuberculosis. Children of parents whose thyroid glands are altered are often born with altered thyroids and therefore grow up deficient in mentality, reason, and will-power—potential criminals. To prevent their developing into actual criminals there is need of education and moral and religious training. Education teaches obedience; obedience teaches control of will-power. There is greater criminality in the United States than abroad, because the young man is not taught to subject his own will to the will of others. This is particularly true of the sons of the wealthy class, showing lack of self-control and a degenerated mentality. Lorand does not admit, however, a distinct class of "dementia Americana," but calls it "dementia plutocratica," which may be more common in America, because America is richer.

Obedience can be properly demanded only for persons and laws which can be respected and are reasonably in accord with the promptings of human nature. Laws which contravene them are sure to be broken. This is a dangerous precedent for it sets up a habit of disobedience and law-breaking. Alcohol is

one of the most important factors in the pathogeny of crime. In all states where there is degeneration of the thyroid, alcohol is tolerated in enormous amounts. The treatment of crime is really the treatment of alcoholism. Normal man does not take alcohol. To prevent crime we must prevent conditions which make the subject crave for stimulants. The logical treatment of alcoholism consists in establishing a perfectly normal metabolism.

While there may be nothing absolutely new in these ideas of Dr. Lorand of which we could give only an incomplete abstract, they are interesting, because they treat the subject from a new viewpoint and call attention to the great importance of the ductless glands which we are only beginning to understand.

BREAKFAST FOODS.

Under the auspices of the Department of Agriculture many valuable investigations have been and are still being made regarding foods, food materials and their nutritive values and the results published in pamphlets. No. 249 of these bulletins takes up the subject of cereal breakfast foods. The markets have, during late years, been flooded with so many of them, each claimed to be of superior value, that the subject has become a puzzling one and it is time that we receive an authoritative and impartial opinion on it. As regards methods of manufacture, the department not only gives them a clean bill in general, but states that "in some of the manufactories the preparation of the cereal food seems almost perfection as regards cleanliness."

Stations in Connecticut, Minnesota and Maine have experimented on healthy men to learn how thoroughly these foods are digested. The digestibility of protein was found greatest in rolled wheat products, partially cooked, and smallest in undecorticated wheat products. Rolled wheat must be placed first for digestibility and corn products last, with rolled oats standing in between. But, aside from the digestibility of the protein, it has been found that oats contain the largest quantities of the important nutrients with a fairly low proportion of crude fibre. However, wheat ranks very close in all respects, in fact so close that the difference is trifling, while it is freer from crude fibre. Bran foods are not recommended, for the large amount of crude fibre contained in them makes them so much less digestible that more protein becomes available to the body, when the bran is excluded. Besides, the ordinary mixed diet furnishes all the mineral matter which the healthy body needs, so that bran is not needed for that purpose. The investigations show that to normally healthy individuals all the ordinary varieties of breakfast cereals are wholesome, individual taste deciding which is most palatable. Corn and its preparations are rich in fat and carbohydrates, but are less digestible, while rice is poor in protein but free in a remarkable degree from crude fibre, and hence furnishes a large percentage of digestible carbohydrates. Barley is moderately digestible and contains a fair percentage of nutrients.

The cereal breakfast foods as a class are nutritious, convenient and reasonably economical. Pound per pound, the proportion of nutrients does not differ greatly in them. Thoroughness of cooking is important; it renders the cereal more palatable, breaks down the walls of indigestible cellulose which surround the starch grains.

The claims commonly put forth by manufacturers of special new nutritive values for their brands are mere fiction for advertising purposes, for the foods are of the same composition as the grains from which they are made and no new nutrients can be introduced by any process of manufacture. Some have a certain advantage in their partial predigestion. It is a questionable one, however. It is a physiological law that an organ whose function is not exercised

loses its power. Healthy individuals should avoid the predigested foods, which, however, may be of the greatest service to persons with weakened digestion.

FITNESS.

A conference held a couple of months ago in Chicago by the Council on Education of the A. M. A., and representatives of various state examining boards made the startling assertion that three-fourths of American physicians were unfit for the calling of medicine by reason of insufficient medical education. The declaration was eagerly taken up by the lay press all over the land, republished everywhere and commented on in a manner most derogatory to our profession. Physicians themselves, naturally were indignant.

The statement is, on its face, an unwarranted exaggeration. A look around at the personnel of the profession and the work it is doing proves its falsity. The men who made it undoubtedly did not mean to slander their profession, befoul their own nest, as it were, but were actuated by a laudable motive, the desire to still further raise the standard of education. But they have over-shot the mark. They apply as standard by which to determine fitness, state board examinations and the showings made in them. The profession is well agreed that this is not a proper standard, however. The recent graduate has an enormous advantage over the man of experience. Everybody knows instances where really competent men failed before state boards. The very men who, through their spokesmen, passed such a sweeping condemnation upon their colleagues, would not be able to pass their own boards without having first to undergo a laborious and useless process of cramming.

The manner in which state board members are appointed is well understood. Qualification is the last thing considered. It is a matter of political pull with the governor or the state society and the members are in no way above the average—not a few, indeed, below it. It is absurd for these men to assume the role of censors of the entire profession. They probably did not think that the censure might properly apply to themselves any more than the representatives of the colleges doubted that their school was among the six which the conference declared were alone teaching modern medicine in America.

While the A. M. A., as such, cannot be held responsible for the slopping over of the educational conference, the occurrence serves to intensify the dissatisfaction with the course the association is steering. For undoubtedly the utterance was inspired by the sentiment of the governing group. With the reorganization of the A. M. A. and its collateral societies the attempt to create a sort of medical aristocracy with a small ruling oligarchy, has become apparent. There is an increasing tendency to magnify the laboratory man, pathologist, specialist and surgeon and establish them as a class superior to the general practitioner. But for real practical value, for common sense service give us every time the ordinary, average country doctor!

It is conceded that our medical educational methods are not yet equal to those of Europe, but we are advancing as fast as our economic and social conditions demand and warrant. To send out such sweeping and intemperate statements from a semi-official source only disgusts our best friends and places a powerful weapon into the hands of our enemies.

CANCER AND ITS CURE.

As predicted by us, when we first gave an account of the treatment of cancer by trypsin, as heralded by Saleeby, very little has been heard of it lately. The manner of its introduction inspired little confidence. But Beard, of Edin-

burg, upon whose investigations and experiments the treatment is based, is too good an authority to be ignored. His conclusion that cancer is related to a deficient production of trypsin is capable of a different interpretation as shown by Robert Bell in the Medical Record of February 16, 1907.

As trypsin is one of the principal constituents of the pancreatic juice, the inference is that the direct cause of cancer is a disabled condition of the pancreas. But, most likely, cancer is not due to any one cause alone, but to a chain of causes and effects and pathological states of different organs. The thyroid gland is invariably more or less atrophied in cancerous subjects. That the digestive glands are affected is shown by the increased activity of the salivary glands and the reduction of hydrochloric acid in the stomach. Bell argues that the primary cause of cancer is to be found in disordered metabolism, disturbance of normal, healthy cell-life. Treatment must be directed to this. The cancer tumor is to be considered merely as a symptom—a local manifestation. Local measures, even surgical, are unsuccessful if unaccompanied by measures to restore to their normal functions organs which exert an important influence upon cell-life. Such organs are the pancreas and chiefly the thyroid. The effect of thyroid secretion on all metabolism is understood, while that of trypsin is as yet rather an unknown quantity. Trypsin may become a valuable adjunct to dietetic and constitutional measures, relieving undue fermentation of undigested foodstuffs in the intestines and resulting in autotoxemia. But Bell assigns first place in the treatment of cancer to efforts to restore the functional activity of the thyroid, it having special power of preventing injurious effects from autotoxemia.

Long before the local manifestation of the disease there are latent conditions elsewhere in the system. The surgeon's knife will have a disastrous effect upon the vitality of the tissues and invite a recurrence of the growth, when measures are not taken to remove the primary cause of the condition. Mere extirpation of the growth does not extirpate the fundamental factor.

SILVER NITRATE IN DISEASE OF THE EYES.

Francis Valk, M. D., of the New York Post-Graduate, in the Medical Council, says he uses in the eye a formula suggested twenty years ago by Fox and Higginbotham, of England, in skin diseases. Sweet spirits of nitre, probably by its nitrous acid, prevents the precipitation of the silver in aqueous solution. The following is an average formula:

℞

Argenti nitras .....gr. v.
Spts, nit. dulc.,.....ʒij.
Aquae destillati .....ʒvj.
Misce.

This solution may be freely applied to the conjunctival surfaces as necessary. It need not be neutralized by solution of salt, and its action must simply be watched, as the continued use for a considerable period may produce a slight discoloration of the mucous membrane in the lower fold of the conjunctiva (argyrosis). This is useful in all inflammations of the conjunctiva, from mild pink-eye to gonorrhoeal ophthalmia and ophthalmia neonatorum.

A PROFESSIONAL CARD.

The following advertisement was found in a baseball program:

DR. WM. CORPRON,

Physician and Surgeon.

Funeral expenses paid and no fee charged in the event of death from diphtheria and typhoid fever.

Redwood Falls, Minn.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 JULY, 1907 No. 7

PURE FOOD

In the report of the Chicago Health Department for the week ending July 20, we note some interesting points. Acute intestinal diseases are second as a cause of mortality to consumption, which shows how greatly the work of the hygienists has lessened the annual slaughter of the innocents. But there is yet much to be done in this line. Of 1362 samples of milk examined, 5.9 per cent were below grade. Of one hundred and seventy-five dairies inspected all but eleven were found in a satisfactory condition, and wet malt was not used as a food for the cows in any case. The inspection of city milk depots was much less satisfactory as eighty-six out of three hundred and twenty-three proved to be in a bad sanitary condition.

The food inspectors condemned 36,947 pounds of foodstuffs in the 'loop,' and only 6,050 pounds at the Union stockyards. This is gratifying, considering the enormous quantity of meats handled there in a week.

The inspectors got after a number of Greek fruit sellers, in the bottom of whose baskets decaying fruit was found. Housekeepers are warned to turn over the baskets and satisfy themselves that the contents are alike in good order. This is one of the penalties one pays for patronizing the peripatetic vendor instead of the grocer who may be promptly called to account.

The question arises, how about those towns and communities where there is no such sanitary inspection? Are the producers and dealers always scrupulously honest and altruistic? Do they place their standards as high as the inspectors do? Do they never feel impelled to chuck in a doubtful article as probably good enough, and take chances on its turning out all right? Do they never feel tempted to feed cows on distillery slop from which all the real nutriment has been extracted but which will still stimulate a free flow of swill milk that is salable though not usable for the purposes of nutrition?

We sincerely hope so; and trust that every reader of this journal has a supply of the best garden and dairy products for his own use and knows just where to direct his patients for the same. Better still, we hope he has a fine kitchen garden whence he may draw his supplies of real vegetables with the incomparable flavor of freshness only such plants afford; that a brace of fine Guernseys or Holsteins supply him with the best of milk and butter, while a sty of Chester whites and sundry coops of Plymouth Rocks, white Pekins, and other birds to take up the surplus products of the dairy and provide other

necessaries for the table. This is the man who really enjoys life and knows what is good food. There is never an egg comes from the grocer, not even if "strictly fresh," that possesses the flavor of the one we take direct from the nest the day it is laid.

The sick require good, pure food, properly cooked, and served in appetizing forms. No pains are too great for the physician to ensure this. The tendency is to fall into set forms of words, to dismiss the subject with the casual direction to give "light farinaceous diet," with scarcely a thought as to whether this is what the patient needs, can get, and will like as well as digest.

Junket is a very nice food for all ages this hot weather, and probably the best form in which milk can be presented. The partly digested breakfast foods are admirable in many respects. Fresh, sound, ripe fruits are indispensable, but must not be partaken of to excess. Soups are apt to be perilous as they readily decompose, but cold consomme is a delicious article for sick or well. Eschew that gastronomic abomination iced tea, which can not fail to destroy the digestion of the strongest man alive. Water at the temperature of the well is cool enough, and may be made more thirst-alleviating by adding a little dilute phosphoric acid, while the tendency to sweating and undue flooding with liquids is restrained by dissolving in the water a few granules of quassin, just enough to afford a slight bitter twang.

This is a good time to begin the reduction of the use of meat, and of our meat bills as well. Masticate food thoroughly and less will satisfy hunger and the needs of the body that underlie hunger. All the records of unusually long lives agree in the attribution of much importance to abstinence. The man who eats just what he needs and no more will live longer and enjoy better health than the free liver. Eat and drink sparingly, think the best possible of all your fellowmen say and do, and when you can't approve of their actions forget them. Life is too brief to be wasted in treasuring up troubles or injuries. A good digestion and a clean conscience, with good will toward all that lives, lengthen life as well as rendering it enjoyable.

MEDICAL JOURNALS

During the past year we have had a remarkable recrudescence of a spirit that in theology has happily fallen into innocuous desuetude—that of men demanding that others shall orient their beliefs and practises by the standards established by the former. While we all admit the obligation that rests on each of us of doing what is right, we do not delegate to any other the privilege of determining what may be right. As in the days of sacerdotal domination, however, there is no lack of men who assume to themselves this privilege, and singularly enough there are plenty to submit to it.

But in any case, it does not follow that what is right at one time, and for one individual, is always right for others, at other times. We may inquire how far this applies to the rights and duties of medical journalists.

It seems to us that a radical difference exists between two classes of medical journals in existence, which has not been recognized. These are the association and the independent medical journals. An association journal is supposed to be the organ of the association by which it is published, and as its organ to represent the views, culture and ethic standards of the membership. It follows that the advertisements admitted to the journal, being approved by the association, as shown by their acceptance, thereby receive the endorsement of the association. But if this is carried to its legitimate extent, it applies to the entire membership, which thus publicly assumes responsibility for

every advertisement. Does not this carry with it the further obligation on the part of the management of the association of declining every advertisement to which any member objects? You can not compel anybody to endorse that of which he disapproves, nor should you thus affix the seal of approval as an association to articles he will not sanction as a member.

With the independent medical journal the situation is quite different. Subscriptions to it are private and voluntary. No subscriber lends the endorsement of his name to the journal publicly, nor to anything that appears in its pages. He simply buys the journal as he might buy a ham. A man may purchase and read a daily paper for its news, but he does not by so doing endorse the journal or a word it contains. It is therefore advisable that such independent journals shall have the widest latitude as to the admission of advertisements, since articles that may be objectionable to some readers may be of value to others. If a man goes to a hardware store for an auger, he need not object to dealing with that establishment because it also keeps guns and fishing tackle, or even instruments for docking horses or caponizing cockerels, which he regards as cruel barbarisms. The physician should in fact expect to find in the ad pages of the independent journal everything that can lawfully be tendered to any physician for his use as a physician.

A prominent drug journal was once called to task for publishing an advertisement that without disguise urged pharmacists to substitute a cheap imitation when a well known article was prescribed by physicians. The manager of the journal replied that his rule was to publish any advertisement that did not expose him to legal attack. While we are by no means advocating such a latitude, the fact is that for anything the druggist could use in his business the ads were sure to be found in that journal, and it possessed a certain value therefor that none of its competitors enjoyed.

The independence of a journal being its primary characteristic, the individual preferences of its managers should not deprive its readers of the chance to choose from all articles proffered them. In fact, independence compels a wide latitude even as the closest restriction does the association organ.

The close limitation of the advertising in an association journal, with the open endorsement thereby given by the entire membership, gives to the journals a right to exact high prices for their space; especially as the number of ads will be few and the competition small. This also justifies advertisers in paying the higher prices. Although it may seem difficult to exclude every ad that a single member may object to, the prestige gained by a unanimous endorsement of the membership of an honorable association should amply repay both journal and advertiser.

For these reasons as given it is obviously preposterous for the association journal to ask the same limitations as it labors under. The crux of the matter lies in the responsibility of the membership; and there is not the slightest justification for any airs of superior sanctity on the part of the association journal, or for its claim of a superior ethical standard. To be square and honest is the one requirement of the independent.

Considering their responsibilities, we find that the official journals are lamentably low in their ethics, every last one of them containing advertising to which a large percentage of their membership might and should object; and to which the managers of independent journals may personally object and yet rightfully admit.

The August Recorder will contain a symposium on typhoid fever by able writers. You cannot afford to miss it.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Etc., by Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester, Minn.; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic- Brussels, and Carlsbad. Vol. II. Seventeenth Series, 1907. Pages 312. Illustrated. Price, Cloth, $2.00. J. B. Lippincott Co., Philadelphia and London.

The latest volume in this series contains an unusually large amount of necessary information on recent progress in medical matters. Dr. Rufus I. Cole, of Johns Hopkins University, writes on the latest developments in "The Vaccine Treatment of Infectious Diseases." He discusses the opsonic treatment of disease. "The Treatment of Rheumatism" is the subject of a very practical lecture by Bertram Abrahams, M. B., F. R. C. P., of Westminster Hospital and Medical School, England. Dr. Jean Dardel, of Aix-les-Bains, gives an interesting account of "The Thermol Treatment of Aix-les-Bains." "Management of Exhaustion States in Men," by Dr. John Madison Taylor, of Philadelphia, is an important, practical contribution. In this age of great commercial activity this is a subject which every physician should thoroughly understand. "Perforated Duodenal Ulcer," by H. S. Clogg, M. S., of Charing Cross Hospital, London, is an interesting article on an important subject. "Post-Partum Hemorrhage and its Treatment," by Dr. Joseph B. De Lee, of the Northwestern University Medical School, Chicago, is an exhaustive article of great value, illustrated with twenty-six full-page plates. "The Bone-Marrow" by Dr. W. E. Carnegie Dickson, of the University of Edinburg, is an article of great value in connection with hematology, now receiving so much attention from the profession.

Some of the other lectures and articles in the book are "A Plea for Laparotomy Rather than Paracentesis in Ascites," by Geo. Dock, M. D., of Ann Arbor; "Paralysis of Oculomotor Nerves in Diabetes," by Prof. Dieulafoy, of the Paris Faculty of Medicine; "Detection of the Ova of Intestinal Parasites in the Feces," by Maurice Letulle, M. D., of the Paris Hospitals; "Clinical Examination of Cerebro-Spinal Fluid," by Dr. Francis Peyton Rous, of the University of Michigan; "Surgical Syphilis," by Chas. G. Cumston, M. D., of Boston; "Anesthesia in Inguinal Hernia," by John A. Bodine, M. D., of the New York Polyclinic; "Asepsis and Antisepsis," by J. W. Wainwright, M. D., of New York; "Appendicitis in Pregnancy," by Cuthbert Lockyer, M. D., of Samaritan and St. Mary's Hospitals, London; "The Comparative Physiology of Menstruation," by Francis H. A. Marshall, M. D., of the University of Edinburgh; "Practical Considerations of Dysmenorrhea," by Chauncey D. Palmer, M. D., of Cincinnati; "Gonorohea and Syphilis in Infancy," by Thos. Morgan Rotch, M. D., of Harvard University; "The Es-

sentials of Scientific Infant Feeding," by Godfrey R. Pisek, M. D., of the New York Post-Graduate Medical School; "Insanity in the Aged," by Charles W. Burr, M. D., of the University of Pennsylvania; "Facial Diplegia," by Alfred Gordon, M. D., of Jefferson Medical College, Philadelphia; "The Clinical Study of Inebriety," by T. D. Crother, M. D., of Hartford; "Tabes Dorsalis," by Smith Ely Jeliffe, M. D., of New York; "Experimental Cerebro-Spinal Meningitis," by Simon Flexner, M. D., of New York; "Pathological Anatomy of General Gonococcus Infection," by Joseph E. Tyree, M. D., of the University of Edinburgh.

The volume is freely illustrated with plates—half-tone and colored. The post-graduate instruction in these books brings the reader up to the times. The book gives large value for the price.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume II: General Surgery. Edited by John B. Murphy, A. M., M. D., LL. D., Professor of Surgery in Rush Medical College (in affiliation with the University of Chicago). Series 1907. Pages 608. Illustrated. Cloth. Price, $2.00. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume, from the great surgeon, Dr. John B. Murphy, contains a wealth of valuable surgical information. Recent advances in surgery are discussed at considerable length.

The subject of anesthesia is presented and good suggestions made. Dr. Murphy uses ether almost exclusively in his work. The best methods of treating shock are described and the various details of operative technic given. Cerebral surgery is brought up to date. Abdominal surgery is given the prominence it deserves and proper methods of diagnosis and treatment described. The latest in the treatment of malignant diseases is presented.

The book is a most excellent surgical year book and such a work is a necessity in every medical library. The volume contains 31 plates and 140 other illustrations.

THE DISEASES OF CHILDREN. A Manual of Treatment. By W. F. Radue, M. D. Pages 173. Cloth, Price $1.00. The Clinic Publishing Co., Ravenswood Station, Chicago.

The teachings of this volume are drawn from the personal experiences of the author with the active principles and other later-day medicaments, and the work explains the dosimetric treatment of the diseases of children. The book opens with a chapter, "Clinical Examination of Children." This is followed by a chapter, "Hygienic Points," which gives some excellent suggestions. "Practical Practice Points" and "The Diagnostic Value of Special Symptoms" are chapters worth reading. The author then takes up the discussion of the diseases of children, gives a short description of each disease and the usual doses of the various medicines used. A chapter is devoted to the idiosyncrasy of children to certain drugs. A feature of the volume is a detailed table of diseases, arranged alphabetically, with the drugs used in their treatment. There is also an exhaustive table of remedies and their doses arranged from the first to the tenth year.

The work is written very concisely and the complete index makes the book valuable for quick reference. It is interleaved for convenience of notes and is well bound in dark blue cloth with gold lettering.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

The Contro-Lateral Sign in Sciatica. Moutard-Martin and Parturier reported at a recent meeting of the societe medicale des Hopiteau de Paris that they had observed a hitherto undescribed sign in five cases of sciatica. The patient reclines on the bed without a pillow, and the thigh on the sound side is raised and flexed on the pelvis as he lies still. At a certain point the flexion causes a sharp pain in the buttocks on the affected side. The pain is generally at the sciatic point but not always, and it was noticed with both neuralgia and neuritis of the sciatic nerve. They call it the "induced contro-lateral pain" and regard it as an important differentiating sign.

* * *

Benzine Arrests Transient Redness of the Nose. Buck (Med. Klinik) states that a single application of petroleum benzine on cotton or lint will at once arrest the tendency to redness of the nose in some individuals. The benzine will also arrest the shiny aspect of the nose occurring with hyperaemia or without it. The benzine impregnated cotton is pressed on the spot for a few seconds without rubbing, covering merely the reddened parts and taking care not to let the benzine get into the eyes, nostrils, or mouth. Buck states that the petroleum benzine does not have the slightest irritating action on the skin, and is by far the best method of clearing the skin in acute eczema or similar conditions.

* * *

Aperients and Peristalsis. Pfaff and Nelson, of Boston, have observed the effect of drugs on the phenomena of peristalsis in the stomach and intestines. In their studies the so-called segmentation of the intestineal contents which has been discussed during the past eight years and has been described as a normal function of the intestinal peristalsis has not been once observed. Of the drugs used, croton oil, aloes and podophyllin increase markedly the peristalsis of the whole gastro-intestinal tract. The stomach peristalsis was much intensified. With aloes the peristalsis waves began high in the stomach fundis and made very deep contractions. Their number was decreased, but in spite of this the organ emptied itself very rapidly. Scammony, jalap, gamboge, elaterium, euonymin, and frangula increased very slightly the gastric peristalsis but markedly that of the large and small intestine both in the salt solution and the ray experiments. Scammony and gamboge also caused increased diarrhoeic defecation. Cascara increased intestinal peristalsis and also caused defecation under the x-ray. Tincture of rhubarb gave negative results, but the infusion increased peristalsis and caused non-diarrhoeic defecation. Strong solutions of senna increased peristalsis and caused diarrhoeic defication both with the x-ray and the saline bath. Sodium sulphate increased peristalsis and caused watery discharges; sodium phosphate acted similarly, but did not increase the gastric peristalsis so much. Nux vomica did not increase peristalsis. The authors express the hope from their experiments that aloes, podophillin and the salts may be of value in the atonic conditions of the stomach.

MISCELLANY

ELIMINATION IN THE TREATMENT OF OBSCURE DISEASES

By W. T. Marrs, M. D., Peoria Heights, Illinois.

The majority of ailments we are called upon to treat are far from being typical. In actual practice diseases have a way of presenting themselves quite differently from their classic description in text-books. In most affections that have assumed a typical form they were perhaps preceded by a syndrome, or bunch of symptoms, that may have been in some measure modified had proper treatment been instituted sufficiently early. It is in the incipient stage of disease that physicians should strive to ascertain the underlying factors of causation. After the disease is thoroughly entrenched the diagnosis is, as a rule, not difficult and the treatment is then perhaps mainly a tentative procedure. But it was my intention in this brief article to speak of a few affections of seemingly obscure origin in which the retention of waste products was the main etiological factor. Persistent elimination gave permanent relief, or in common parlance performed a cure. A brief recital of a couple of cases may be of some interest.

A woman, aged about forty, of good family history, a wife and mother, had suffered from chronic headache and a train of other symptoms for years. She was incapacitated for attention to her household and family affairs about one-half the time. Before one of these prolonged paroxysms of headache same one her she suffered a great deal from gastric irritability and for days the stomach rebelled against any and all kinds of food. There was at such times an oedematous condition of the skin. The urine showed no abnormal constituents. The lady had taken various treatments with only a modicum of relief. She had undergone a series of tailorings upon her organs of reproduction, without any good results therefrom. In fact, I think the operative work only augmented her suffering. She claimed that she had run the gamut of alteratives, tonics, cathartics, anodynes and antispasmodics and seemed to be familiar with the names and action of nearly all of them. She obtained temporary relief from some of them and that was all. Cathartics and depletives were taken at the beginning of the attack, but they did not seem to shorten the duration of it. The reason that relief did not follow the administration of cathartics was, I think, due to the fact that the toxic matter upon which the headaches depended had already become disseminated through the system and had set up a nerve storm which liberated some of the pent-up energy. As heredity and a tendency toward inherent nerve instability were in this case excluded it was my opinion that there was a tangible basis for the trouble. That basis seemed to be an autoinfection. Acting upon this assumption the lady was admonished to take a course of salines for one month. She was also instructed to take a little salty gruel or other food each day for the purpose of increasing her thirst. This caused her to drink water freely until she had formed the habit of drinking more. The salts were taken religiously. In a short time the digestive function seemd greatly improved and the skin had assumed a more livid color. The headaches became lighter and lighter under this simple treatment and

in a few months almost disappeared. It was the persistent taking of the salines that did the work. Had she gone on taking anodynes with the autotoxemia increasing she would perhaps have soon filled an untimely grave. Our best remedies are not all "made in Germany."

Another case was a boy twelve years of age who had been having epileptic seixures for a few months, previous to which time the child had been physically well and mentally bright. He was now dull and listless, the memory and other mental faculties being dulled. The tongue was coated, the breath foul and all the secretions off duty. The skin was slightly oedematous and covered with splotches. The latter I did not know whether due to bromism or a reabsorption from the alimentary canal. The bowels were confined and distended with gas. The boy was a ravenous eater and partook of meat freely. I had every reason to believe that the rcetum and colon were filled with feces, and far from being in a normal condition at that. The boy had taken treatment, but the seizures continued to appear every weeks or so.

Treatment: Gave a colonic flushing with equal parts of soap suds and castor oil which brought away a mass of feces of a scybalous characted. Repeated this on the second day; also gave Abbott's saline laxative to keep up elimination. This acted very nicely and the tongue cleaned and the secretions began to improve. Meat and heavy articles of diet were interdicted and a fruit and farinaceous diet enjoined. The bowels were kept open and the congested nerve centers were thereby relieved in som modus operandi to such an extent that the paroxysms ceased in a few weeks. Persistent and timely elimination kept this case from eventuating into hopeless chronicity. No other medicine was used except neurolecithin as a reconstructive to the nervous system.

AN IDEAL METHOD OF TREATING RHEUMATIC CONDITIONS

By M. R. Dinkelspiel, M. D., Philadelphia.

Ex-Resident Physcian Pihlladelphia Hospital

The accurate determination of the exciting factor of rheumatic conditions, and, in fact, most of the errors of metabolism, has not yet been reached. We know of many predisposing factors, such as heredity, deficient elimination, sedentary life, consumption of an excess of nitrogenous food, especially when associated with alcohol, etc., yet it cannot be denied that we have made far more progress in the therapy of these conditions than in the determination of their etiology.

Chemical and physiological experiments, pathological examinations and the most careful clinical observations—all have failed to accord rheumatic and gouty processes a definite and accurate position, as far as their exciting cause and correct etiology are concerned. Based upon our knowledge of the signs of defective metabolism that accompany the various stages of rheumatic processes, we advise our patients to modify their diet, stimulate their emunctories by attention to exercise, baths, the drinking of quantities of water and giving proper attention to the gastrointestinal tract.

In my opinion, however, the nearest approach to theraptutic accuracy in some of these conditions that we have reached, is in the employment of colchicine internally and the external epplication of the oil of wintergreen. For some time past I have used colchicine in the form of colchi-sal capsules, which contain the equivalent of three minims of pure methyl salicylate from betula lenta, and 1-250 of a grain of crystalized colchicine with 1-500 of a grain of the active principle of cannabis indica. These capsules I have found to be absolutely reliable. For local swellings, as

in acute arthritis of rheumatic origin, in gouty attacks, in myalgias, especially lumbago, torticollis and pleurodynia, as well as in sciatica, I have invariably employed the mentho-methyl-oleo-salicylate, known as betul-ol. Its peculiarly efficient power of penetration and analgesic properties have stood me in good stead. The following cases indicate the value of these drugs:

Case 1.—Mrs. K., a German woman, aged forty-four years, was of good health with the exception of rather frequent attacks of acute arthritis of rheumatic origin. She had taken salicylic acid in various combinations, and had frequently used liniments containing oil of wintergreen—at least, the prescriptions called for ol. gaultheriae. I modified her diet, prescribed baths and saline laxatives, and ordered her to take one capsule of colchi-sal every hour for one day, one every two hours on the second day and one every four hours for a period of a week. Locally, I ordered betul-ol applied by means of gentle friction for five minutes by the watch, twice daily. In ten days all symptoms disappeared, and for the past five months have not reappeared. In addition to the disappearance of the pain and swelling, she has gained in weight and has improved much in energy and spirit, factors which so often go hand in hand with improvement in lithemic conditions. I have advised her to take one capsule three times daily for one week during each month, to prevent recurrence.

Case 2.—Mrs. R., aged thirty years, a widow, consulted me for very acute pain in the left side. She had had pleurisy two years before. Examination showed the pain to be located in the muscles; in short, a typical case of myalgia. I prescribed colchi-sal capsules to point of tolerance, and ordered betul-ol to be gently rubbed over the painful area twice daily. The pain disappeared in three days. It had been my practice to strip the chest in these conditions, with great benefit, but a patient otherwise in good health, as a rule, does not like the strips around the chest. I have found the above described procedure a valuable substitute, with the additional value of preventing further attacks.

Case 3.—Miss A. L., aged nineteen years, was attacked severely with acute rheumatic fever. Both knees were greatly swollen, and her general condition was very poor. She had a number of successive drenching sweats. Her temperature fluctuated between 101° to 104° F., and at one time threatened to reach a point of hyperpyrexia.

It had been my custom up to the time of this case, to administer salicylate of sodium internally and apply equal parts of oil of wintergreen and olive oil locally to the inflamed joints. In this case, however, I ordered colchi-sal capsules, one every hour for twenty-four hours, and one every three hours thereafter. Locally, I applied betul-ol and olive oil, equal parts, and covered the inflamed joints with lambs' wool over oiled silk. With each capsule of colchi-sal I ordered a glass of cool Vichy to be given, and confined the patient to a milk diet. The case made a rapid, uneventful and uncomplicated recovery.—International Therapeutics, October, 1906.

In the Cosmopolitan Magazine for July are: "Children as They are Pictured," illustrated in color from paintings and photographs, by Sidney Allan; "Pinched"—'A Prison Experience,' illustrated, by Jack London; "The Seven Kings in Mexico," illustrated from photographs, by Charles Edward Russell; "The Chemical House that Jack Built," by Theodore Waters; "The Theater's Responsibility," illustrated in monotone with theatrical portraits, by Alan Dale; "Spinners in the Dark," by Edwin Markham; "Christian Science Idealism," by Joel Rufus Mosley.

DERANGED UTERINE FUNCTIONS

By J. A. Black, M. D., Morganza, Pennsylvania.

The following clinical notes will afford a general idea of the action of ergoapiol:

Case 1. Mrs.— came to me presenting the following symptoms incident to a delayed menstruation: Persistent headache of a neuralgic character; dull, aching pain in limbs and lumbar region; cramp-like pains in abdomen, and considerable neusea. The menstrual period was overdue seven days, but as yet there was no appearance of flow. Her periods had always been occasions of intense suffering, but had never before been delayed. I began the use of ergoapiol (Smith), with some misgiving owing to the irritable condition of the stomach. One capsule every three hours was administered without any aggravation of the gastric distress. In twenty hours a normal menstruation was well under way; the flow was slightly increased over the observed on former occasions. The pains had subsided. Ergoapiol (Smith) was administered, one capsule three times a day, during the menstrual period, which terminated in five days. The patient was instructed to return for a quantity of the remedy several days before the next menstrual period. She did so, and following directions, took one capsule three times a day for three days before expected menstruation. She subsequently reported that during the period—lasting five days—there had been practically no pain, and the amount of flow was, as far as she could judge, normal.

Case 2. Miss—, aged thirty, has been a sufferer for years with dysmenorrhoea. For about three years had suffered with leucorrhoea, particularly annoying after each menstrual period. Had undergone treatment at different times for the leucorrhoea and dysmenorrhea, but had never experienced permanent benefit. She had been obliged to spend the couple of days of each period in bed. She consulted me about one week before her period. Examination revealed a purulent discharge oozing from os cervix and a rather large uterus. There was no displacement. She was put upon ergoapiol (Smith), one capsule three times a day. The onset occurred one day earlier than expected and was attended with considerable pain. The patient was, however, able to attend to her usual duties, a state of affairs such as had not been experienced for some years. At the onset of the flow ergoapiol (Smith) was administered, one capsule every two hours. The effect was astonishing. In eight hours the pains had well-nigh subsided and there was practically no discomfort, except some pain in back.

Case 3. Miss—, aged twenty-one, had suffered for two years with irregular and painful menstruation. Had commenced to menstruate when sixteen, menses being very scanty, but regular and accompanied with but slight degrees of suffering. Was never of a very robust physique, but in the main healthy. When about nineteen, considerable nervous trouble was inaugurated by grieving over a great bereavement and the menses became more and more painful. The anguish became such a horror to her that she freqeuntly resorted to morphine, partly to allay pain and partly to procure sleep. Fortunately she had not, as yet, contracted the habit, but the tendency was undoubtedly in that direction. When first consulted by her, examination was not granted. Menses appearing shortly afterward, was called upon to afford relief. Flow was very scanty and clotted. There was sleeplessness, terrific headache, pain in back, constipation, etc. Ergoapiol (Smith) was administered, one capsule every three hours. Flow was considerably increased, there was a lessening of all the suffering.

Winchester's Specific Pill

FOR

SEMINAL OR URINARY WEAKNESS

PURELY VEGETABLE. **DIRECT ACTION.**
TONIC, ANTI-SPASMODIC, **RELAXANT AND NERVINE**

I know of no remedy in the whole Materia Medica equal to your Specific Pill in Seminal or Urinary Weakness.—ADOLPH BEHRE, M. D., Professor of Organic Chemistry and Physiology.

We believe it to be, in the treatment of Spermatorrhoea, as near a Specific as any medicine can be. We have cured many severe cases with from six to ten boxes.—B. KEITH, M. D., American Jour. Indigenous Materia Medica.

Dispensing Size, $5.00 per bottle. To physicians only.
Trial Size, $1.00 per box, sent prepaid.

On the receipt of 50 cents we will send a thirty (30) days' treatment to Physicians, only, who will send card and mention this Journal.

WINCHESTER & CO., CHEMISTS, NEW YORK
(ESTABLISHED 1858)
THE PIONEERS OF HYPOPHOSPHITE PREPARATIONS.

There was almost complete relief in twelve hours. This young woman has been placed upon ergoapiol (Smith), one capsule twice daily for one week preceding appearance of menses, and has passed through several periods with very little suffering. An examination made recently showed a marked retroversion and very sensitive cervix. A properly applied supporter will doubtless work considerable benefit in her case, but it cannot be disputed that the comparatively easy menstruations occurring recently, in spite of the displacement, were due entirely to ergoapiol.

Case 4. Miss—, aged eighteen, had always been regular in menstruation. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Discomfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established in twenty-four hours after treatment was commenced. The delay in this case was about four days.

We sell over three hundred million Papayans Bell annually. Over seventy thousand physicians, by our records, are now using them. Their use is steadily and rapidly increasing. They remove indigestion. Trial is proof. Prescribe two tablets, with water, as necessary. Stocked by druggists in bottles of one hundred tablets. Bell & Company, (Inc.), 68 Murray St., N. Y.

If you dispense your own medicines you should send at once for the catalogue of the Chas. S. Baker Co., 77th St. and Greenwood Ave., Chicago. They make reliable preparations at prices which are right.

THE WISCONSIN MEDICAL RECORDER

$1.00 PER YEAR IN ADVANCE

Published by J. P. THORNE, M. D.
JANESVILLE, WIS.

1000 labels free to new subscribers to The Recorder.

If you do not receive The Recorder regularly please notify us.

The July and August numbers of The Recorder will be especially good. You cannot afford to miss them.

When sending in your subscriptions always be sure your name and address are very distinct.

If you change your address please inform us, giving both old and new address.

Please do not make remittances with personal checks, unless fifteen cents is added to pay cost of collection.

We always send postal cards acknowledging receipt of subscriptions. These postal card receipts should be filed as they show when your subscription expires.

We bind a year's numbers of The Recorder in black leather and cloth for 65 cents and return the same by prepaid express. We do not pay express on any other binding except The Recorder.

Gummed labels should be untied as soon as received and kept in a dry place, then they will never stick together. If labels are kept tied tightly in a package they will stick together.

We send each subscribed a notice within thirty days of expiration of subscription, with the request that a renewal be sent us or if the magazine is not desired longer that a notice be sent us. Kindly give our notice your early attention.

In remitting kindly send by bank draft, post office money order, express money order or registered letter; if these methods are not available please send one-cent or two-cent postage stamps. Please do not remit by personal check as banks now charge for collecting them.

The Wisconsin Medical Recorder is not discontinued at expiration of subscription, but is sent until an explicit order to stop is received. A large majority of our subscribers prefer not to have subscriptions interrupted and files broken in case they fail to remit before expiration. It is therefore assumed, unless notice to discontinue is received, and the amount of back subscription paid to date, that the subscriber wishes the magazine discontinued. We always send each subscriber a notice when subscription expires.

A SPECIAL OFFER TO NEW SUBSCRIBERS

We are receiving new subscriptions every day but we want still more, so we make the following special offer to new subscribers: For one dollar we will send The Recorder one year and will give with it 1000 prescription labels.

These labels are printed in blue ink on a superior quality of gummed paper which will stick. Your name and address, any anything else desired, are printed on the labels. Upon receipt of one dollar we will enter your subscription for one year and promptly print the premium labels and send them postpaid.

We are sending sample copies of The Recorder this month to a large number of physicians, many of whom we hope will accept this special offer.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X AUGUST, 1907 No. 8

Leading Original Articles

TREATMENT OF TYPHOID FEVER

By J. W. Crismond, M. D., Anderson, Indiana.

The medical pendulum has swung to two extremes in the treatment of typhoid fever, from the heroic antiphlogistist of the past to drug nihilist, in certain quarters, of today. Among drug internists there is a diversity of opinions pro and con, as to the value and safety of remedial procedure, by which hyperpyrexia may be controlled and kept within safe bounds. Alcohol, cold baths, and massive doses of quinine, all have their advocates: then again, we have those who anathematize one or all of the above named methods and pin their faith to thorough, complete, and continuous antisepsis, from start to finish, at the same time paying strict attention to the dietary regime.

After thirty odd years of active practice testing the merits of the various measures, promulgated by the leaders of medical thought, I find myself in the latter school of practitioners. Experience that comes of practice at the bedside is of greater value than any man's dictum founded upon a theory. What the conscientious physician most desires, and the patient of right demands, is result, not theory.

Apropos of typhoid fever, its etiology, symptomatology, and general histiry, will not enlist our attention, as we shall limit our dissertation to its practicable treatment. The first thought that forces itself upon my attention, is my uncompromising opposition to the coal tar preparations as antipyretics in typhoid fever. They lessen the alkalinity of the blood, destroy the red corpuscles, liberate the hemoglobin, and cause cardiac debility.

As we are not sure what fever is, we can not formulate a perfect system of pathogenic therapeutics for its treatment. We must, therefore, base our treatment upon empirical observations. Thirty grains of quinine will give a fall of one, two or three degrees: but by the evening of the next day the temperature is up again, and by morning of the following day it has reached its original height. Should we repeat the quinine in the evening as a preventive we would find the second dose does not produce the same effect, because three days at least must intervene before the quinine regains its power. The reason for this is very obvious—it is an intermittent remedy.

It is claimed that if the quinine is given continuously the temperature will vary between 102° and 104° F., instead of between 104° and 105° F. There is

certainly very little if any advantage in this procedure. A second dose of quinine should not be given until the lapse of seventy-two hours. The temperature taken in the morning in the rectum should exceed 104° F., or if taken in the evening and exceeds 105° F., quinine should be given. The most advantageous method is to give the quinine in thirty grain doses during the first and second periods of seven days; and twenty grain doses in the third period, and fifteen grain doses in the fourth and after. To give less than fifteen grains is worse than useless.

It should be remembered that from the eighth to the eleventh day we often obtain a slight lowering of temperature with doses that are generally efficacious either before or after. Beside the many disagreeable results of quinine in typhoid fever it is urged against it that it is liable to cause sudden death. This is in all probability an error, for post mortem examination showed that in the patients that had died suddenly the heart was contracted and absolutely empty of blood. We are taught that when death is caused by this drug the heart is found to be dilated and gorged with blood.

In the non-medicinal abstraction of heat and the lowering of temperature of fever we possess many methods which time will not permit me to review in even a very casual way, much less to review seriatum. Currents of air between open windows, and cold water in various ways have been called into requisition and made use of with varying degrees of success. Enemata of cold or iced water certainly cool the rectum, but they do not produce a general reduction of temperature. The cold bath may be given according to the method of Brand or Liebermeister. Brand's method, when the temperature exceeds 101.5° F., a bath of low temperature is given eight times a day, for from ten to fifteen minutes. Liebermeister leaves the patient in the bath throughout the whole course of the illness.

Ziemssen recommends a tepid bath, gradually cooled. The temperature at first is 95° F., and to a fever patient even this gives a very unpleasant sensation of cold. Then the temperature of the bath is rapidly lowered, so that in ten minutes it falls to 77° F. The patient remains in this cold bath for from ten to fifteen minutes, until the teeth begin to chatter, as in the method of Brand. This is the cold bath preceded by a short phase of bearable temperature. But this method does not do away with the sudden nervous shock.

I will now describe Bouchard's method, and the one that I have been using for the past eight years with the happiest results. Bouchard's object was to develop a bath in which the patient might lose heat without any nervous shock or spasm of the cutaneous vessels. His purpose was not the merely abstraction of heat by contiguity or conductivity. On the contrary, what he desired was that the blood should come from the center of the body to the surface to be cooled.

The temperature of the bath, at first, is two degrees below the central temperature—109° F., for instance—if the temperature of the patient is 104° F. The patient can bear this well and experience no shock. The water is gradually cooled at the rate of one-tenth degree per minute, or one degree in ten minutes, until it is lowered to 86° F., but it is never cooled beyond this point. The time necessary for this cooling is an hour and a half if the temperature of the patient is 104° F., or an hour and ten minutes if it is 101° F. No feeling of nervous shock and no peripheral vascular spasms occur during this long period.

The pulse is not constricted. At about 91.5° F. the patient finds his bath cool; at 89° F. he continues to speak and talk, showing a wonderful mental condition. He has nothing of

the typhoid stupor about him. These baths should be given eight times a day. Certain patients can thus pass half the day in the water. The lowering of temperature is more lasting than with the cold bath, and sudden rises of temperature are much less considerable.

There are some exceptions which we should keep in mind. For instance, in certain patients the temperature is not reduced; we even observe a rise of temperature of one to five-tenths of a degree. This anomaly is seen in certain very nervous women, and in certain men towards the end of the treatment, when the repetition of the baths has ended by developing in them an unsurmountable repugnance and keen irritation. The tongue remains moist, and if dry at the beginning of the treatment, this dryness disappears after a few baths. The teeth are not discolored. The complexion has not that earthly pallor that denotes the thorough poisoning of the system. It is white and often pink in those patients that have a fine skin.

Lastly, the need of sleep manifests itself after each bath, and the patients enjoy sleep at night—an unusual thing with typhoid patients. But all these results are obtained from tepid baths in typhoid fever only. Discontinue the baths in the event of intestinal hemorrhage or pulmonary hepatization. The appearance of menstruation does not interdict the continuance of the baths. The patient's head should be wetted with cold water before the baths are taken.

We now approach an important point in the therapeutics of typhoid fever—the question of diet. In these disorders, and especially typhoid fever, the secretions of the digestive tube are dried up or perverted. It seems, therefore, a priori impossible to feed the patients, and natural to condemn all attempts at elimination.

Milk, which is so easy to digest, and its sugar seem so well adapted to keep up the strength of fever patients, and make up for the waste by combustion, is not without its draw-backs. It raises the temperature and the urinary secretion is lessened. Those who are in favor of a milk regimen order large quantities to be given in typhoid fever so as to increase the urinary secretion. Now, as a matter of observation, when milk is given in any considerable quantity it causes indigestion and an aggravation of the patient's condition.

Therefore all food should be positively withheld. The patient should be given water in abundance, and water containing substances that are slightly nutritive and capable of introducing into the system certain mineral elements, under the form of meat extracts, broths, and cereal extracts. Chloride of sodium is indispensable for the phenomena of osmosis; phosphates are the mediums between the bases and the acids. To this regimen the vegetable acids should be added, in the form of lemon-juice, which introduces potash, and which is combustible. The peptones are both plastic and combustible, and should be administered to the amount of one and a half ounces per day. But they must be chemically pure and honestly prepared.

Medicinal treatment. This comprehends certain rules that may be classed under four main headings: The general antiseptic treatment, the intestinal antiseptic treatment, the antithermic treatment, and the regimen to be observed. As soon as the diagnosis is made, we should prescribe:

(a) A purgative, to be repeated regularly every three days, this to consist of three and a half drachms of magnesia sulphate.

(b) Six grains of calomel per day, in twenty doses of 1-3 of a grain (one every hour), are administered for four consecutive days.

(c) The intestinal antiseptic treatment consists in mixing three ounces of powdered vegetable charcoal with fifteen

grains of iodoform and seventy-five grains of naphthalin. The whole is mixed with six ounces of glycerine and with one and a half ounces of peptones that form the basis of nourishment. This mixture forms a black, semi-liquid paste, which is taken in twenty-four hours in doses of a tablespoonful every two hours in a third of a glass of water. The bowels must be washed out regularly every morning and evening by means of an injection containing one part in 1,000 of phenic acid, each injection consisting of seven grains of phenic acid to one pint of water.

(d) From the first day the patient takes eight baths a day until he is completely cured, when the temperature varies between 98° and 100° F. The baths are resumed if the temperature exceeds 99.5° F. Quinine is reserved for cases in which, notwithstanding the baths, the temperature remains too high. The doses are thirty grains during the first two periods of seven days, twenty grains during the third period, fifteen grains during the fourth and fifth. These quantities are administered in large doses—eight grains every half hour. Do not return to quinine until after an interval of three days. The signal for the employment of quinine is a temperature in the rectum of 104° F. in the morning or 105.4° F. in the evening. Often the baths dispense with quinine and constitute in themselves a sufficient system of antithermic treatment.

(e) The diet comprises, broth cooked with barley and administered freely. The glycerine associated with the charcoal, iodoform, and naphthalin, and also with peptones constitute both food and medicine. Lemonade with the addition of a little wine is very acceptable.

This is certainly a complicated system of therapeutics; it cannot be otherwise, as the indications to be fulfilled are complex. This systematic treatment does not exclude the treatment of any accidents or complications that might arise.

To follow out in detail the treatment here given may appeal to you as irksome and onerous, when other and more familiar methods are less inconvenient and laborious in application. This I will admit, if we are considering only the trouble and labor incident to the practice of medicine. But if we are really enthusiastic in rescuing our patients from impending death, the labor and tediousness to accomplish results should count for naught, if it will but crown our efforts with success.

NURSE'S INSTRUCTION.

TYPHOID FEVER.

Instructions as to treatment.

First. The temperature bath, at first, is two degrees below the central (rectal) temperature. The patient can bear this well and experience no shock. The water is gradually cooled at the rate of one-tenth degree per minute, or one degree in ten minutes, until it is lowered to 86° F., but never cooled beyond this point. Patient to remain in bath one hour and a half if temperature is 104°, or one hour and ten minutes if it is 101° F. Always wet the patient's head with cold water before introduction to the bath.

Second. A purgative, to be repeated regularly every three days (half ounce Epsom salts).

Third. General antiseptic treatment to be continued for four consecutive days. Powders to be given every hour, either given dry by placing it upon the patient's tongue or dissolved in a little water.

Fourth. The local or intestinal antiseptic treatment, and also nutrient combined. Dosage—one tablespoonful in a third of a glass of water every two hours until the whole of the mixture is taken in twenty-four hours, and to be repeated as before.

Fifth. Wash out the bowels regularly every morning and evening by means

of an injection containing eight grains of crystalized carbolic acid, or its equivalent in liquid form, to one pint of sterilized water at each lavage.

Sixth. From the first day the patient is to be given eight baths a day until he is completely cured, when the temperature varies between 98 3-5° and 101 3-5° F.

Seventh. The diet comprises broth with barley and administered freely (one quart to two quarts a day). Meat extract and cereal extract well diluted in strained decoction of barley.

Eighth. Temperature record must be kept as follows: 12 a. m., (if patient is awake; do not disturb patient for any cause after 2 a. m.) 6 a. m., 8 a. m., 12 noon, 3 p. m., 6 p. m., 9 p. m., 11 p. m.

THE SURGICAL COMPLICATIONS AND SEQUELAE OF TYPHOID FEVER

By Charles C. Miller M. D., 70 State Street, Chicago, Ill.

Fortunately, surgical complications are comparatively rare in typhoid and the average patient is conducted through an attack without the need of surgical advice or experience on the part of the physician. If the physician expects to fully deserve his patient's confidence it is necessary for him to have a considerable knowledge of the surgical complications of this disease, for it is the physician's duty to direct the course of the treatment so that the probability of surgical complications may be reduced to the lowest possible percentage. Indirection of preventive measures unfortunately requires that the practitioner possess a considerable knowledge of possible surgical complications and he must exercise a constant watchfulness in caring for the typhoid fever sufferer.

Typhoid is due to a special bacillus which is hardy under unfavorable as well as favorable circumstances. The germ will live almost indefinitely in the body of an individual after recovery from an attack of fever. It may cause dangerous sequelae to manifest themselves years after the fever has subsided. This bacillus may be found in any organ or part of the body during the course of the disease or subsequent to the subsidence of the febrile manifestations. The tendency of the bacteria to invade any and all the tissues of the body and its possibilities as a mischief maker, explains the diversity of the surgical complications seen during typhoid attacks or subsequent to them.

Intestinal hemorrhages are greatly feared by physicians conducting the treatment of typhoid. These hemorrhages can hardly be looked upon as surgical complications as they are not controlled by surgical treatment. Hemorrhagic emesis while due to somewhat different causes than the intestinal hemorrhages must also be treated expectantly, unless symptoms of gastric perforation develop.

Hemorrhages from the nose are among the early symptoms of typhoid and such bleeding may be free during the attack and may persist intermittently for months or years after recovery. Extensive loss of the septal tissues may occur and the bleeding from the nose which annoys some patients for many months after the recovery from the fever may be overcome by appropriate local treatment to the eroded margins of a septal perforation.

Intestinal perforation is one of the most feared of the complications of typhoid.

Sloughing of the intestinal glands is expected in all adults during typhoid. If the entire thickness of the intestinal wall sloughs, a perforation forms which permits of the escape of intestinal contents. A fatal outcome is to be expected following perforation, if the perforation is not closed.

The symptoms of perforation are those of shock and peritonitis. The

FIGURE 1

Figure 1—Illustrating manner of applying purse string suture for closure of small intestinal perforation. This may be reinforced by a mattress or continuous suture.

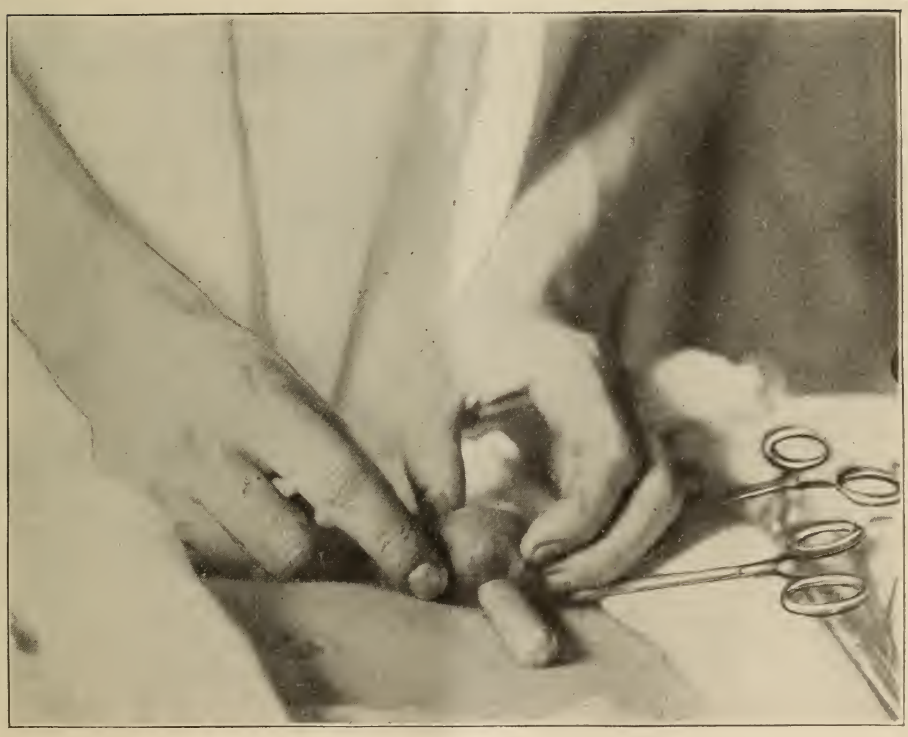


FIGURE 2

Figure 2—Illustrating manner of securing bowel when surgeon is driven to extreme of forming temporarily an artificial anus.

FIGURE 3

Figure 3—Drainage is indicated in all cases following the closure of intestinal perforations. Iodoform gauze may be used in connection with rubber tubing as shown in the illustration.

perforation is usually of the ileum or cecum. In a few instances it is of the sigmoid or the gall bladder. Pain is marked and the location of greatest pain usually indicates the organ involved. Operation is indicated as soon as suitable preparations can be made. The indications are to close the perforation and clean and drain the peritoneal cavity. The incision through the abdominal wall may be in the median line or to the right of the median line above or below the umbilicus. Where the symptoms point to gall bladder perforation the incision may be above the navel and along the margin of the rectus or it may be made parellel to the free margin of the ribs. A free incision is essential to success in these cases.

A number of hours will usually be required to secure the surgeon or consultation which will confirm the diagnosis. The necessary preparations for operation may be expected to somewhat further delay the operating. When the abdomen is opened the surgeon may expect to find a pertitoneum soiled by the escaped intestinal contents.

The ileum should first be searched for perforations, then the cecum and appendix, and finally the sigmoid, if ileum and cecum are found intact. If the perforation is of the gall bladder the pain will be most intense above the navel all symptoms pointing to the upper abdomen.

Closure of a small perforation is accomplished most rapidly with a purse string or mattress sutures. No time should be lost trimming edges. The thinned margins of the ulcer are turned in and a single purse string reinforced by mattress sutures is sufficient to close the perforation. If the perforation be small a single suture may be sufficient. A gut may be so riddled as to demand resection and the operator is presented with the unenviable choice between anastomosis or the formation of an artificial anus. The peritoneum is most rapidly cleansed by irrigations with warm sterile salt solution. Drainage is necessary, and iodoform gauze discreetly used is valuable for this purpose.

Physicians today are feeding typhoid patients more freely than in former years. Patients should be closely watched and tympanites controlled, as distension of the intestines favors rupture. If tympanites cannot be controlled in any other way it may be well to check somewhat the amount of food supplied the patient.

Feeding of typhoid patients is desirable if it does not decidedly add to the amount of gas present in the intestines as it tends to keep up the strength of the patient and minimizes the tendency for certain other complications to develop.

The typhoid patient should be carefully watched to see that pleural and lung complications do not develop and escape the notice of the physician until serious injury has been suffered. Suppurative pleuritis is possible in typhoid and destruction even of lung tissues may occur. At the same time the physician should not make the mistake of diagnosing a pulmonary affection as typhoid. Recently a case came to my attention where the diagnosis of typhoid was made in an extensive pneumonic phthisis and the patient limited to a milk and broth diet until consultation over a moribund patient demonstrated the true condition.

DIARRHEA OF TYPHOID

℞

Acid tannici .....gr. x.
Tr. opii .....mvi.
Spts. terebinthinae .....mxv.
Mucilagiuis .....ʒii.
Tr. chloroformi comp.....mxx.
Aq. menthae pip., q. s. ad ....℥i.

M.—To be taken every two hours.—Murchison.

TREATMENT OF TYPHOID FEVER

By E. C. Rothrock, M. D., Palestine, Texas.

A leading indication in the treatment of typhoid fever is rest—general rest. We must carefully watch the condition of the heart and circulatory system and watch the state of the nervous system also. The diet of the patient must consist only of liquid food and attention directed to the organs engaged in nutrition and to the eliminating organs. In fact the treatment in typhoid fever should be supporting, eliminating, antiseptic and expectant.

Regulation of the diet is of the greatest importance. In the selection of food choose not only what is nutritious and likely to agree with the digestive canal, but appropriate for the complaint and existing conditions of the patient. Good nursing is absolutely imperative and very little drugging is called for, and will do harm if the patient's stomach is filled with too many drugs.

The first few days the treatment should be antiseptic to remove the zymotic poison from the blood; then other remedies indicated will do good. Baptisia, hourly or every two hours, four to five drops, is a hepatic stimulant, promoting secretion of bile, increasing peristaltic action of the small intestines and secretions of intestinal glands, preventing re-absorption of bile through the entero-hepatic circulation by sweeping it onward. A powerful antiseptic may be alternated, using echinacea, 4 to 5 drops. A sulphite of sodium solution should be used to sponge the body thoroughly twice a day, using tepid or cool, as best for the patient.

Antiseptic treatment must be carried out and tincture aconite may be given, one drop every hour, to control fever, venous stasis of the blood in bowels, lung or brain and local inflammation. If there is congestion of the brain manifested by intense headache or delirium, then belladonna, two to four drops every two or three hours until this is relieved. If there is nausea or vomiting, ipecac, one drop every hour or half hour, will meet this. Nux vomica, four to five drops; water, four ounces, a teaspoonful every half hour is very good. In restlessness, sleeplessness, twitching of muscles and picking at the clothing, scutellaria, five drops every two hours, will relieve this. In extreme prostration phosphoric acid diluted in small doses of twenty-five to thirty drops in 4 ounces of water every three hours, acts well. In most cases I find sulphoate quinine, 2 grs. twice a day, to act as a charm as a tonic, etc. In hemorrhage from the capillaries give sulphuric acid, two to three drops diluted with plenty of water three or more times a day. Arsenite of copper, 1-100 grain, dissolved in four ounces of water, is also efficient in teaspoonful doses every hour or half hour. Turpentine emulsion, a teaspoonful every two hour, if the tongue is of a bright red color is often beneficient. For diarrhoea with meteoristic gurgling of wind in the intestines and cadaverous odor about the body, vegetable charcoal in doses of four to five grains every three hours should be used. Arsenite of copper is also good and acts well in restraining the discharges, but care should be had in not checking the bowels too much. In nearly all cases of typhoid fever alcohol is indicated and in great prostration, feebleness of circulation wine whey should be used as a diet. A nourishing diet should be used all through the attack—chicken and beef soup, rice water, boiled milk, butter milk, etc., small quantities at a time every two hours. A light mush poultice, warmed and sprinkled with turpentine, applied to the abdomen is of great service, renewed every few hours.

With a careful and repeated examination of the urine, with temperature observations and a summing up of the

various symptoms, we can calculate the condition of the patient, whether the kidneys are equal to their work or not. If unrelieved the general condition will show that the system is becoming more and more poisoned by the products of histolysis, urea, carbonate ammonia and other products of disintegrated tissue.

The posture in bed, tendency to slip to foot of bed, muscular prostration, clonic spasms of muscles, inertness of sphincters, disturbance of vision, indicated by picking of the bed clothing, are all of grave import, and such manifestations show how deeply the nervous system is affected. This untoward condition is caused by a continued high temperature to a great extent. It is imperative that a high temperature should be prevented, lowering it speedily and keeping it down to near normal. Aconite is the remedy used with due caution as it will lower the pulse in force and rapidity. Its action upon the skin is to produce moisture and its action in controlling inflammation and subduing fever is marvelous, and often it will at once cut short an inflammation. In pyrexias, the skin being hot, dry and burning, becomes in a short time moist and bathed in a profuse perspiration, and there is a speedy relief from many of those distressing sensations as aching pains, heat restlessness, chilliness and dryness of skin. If feeble heart digitalis can be used, or alternated with aconite, whiskey, brandy or wine is, as stated before, of much use in nearly all cases to stimulate, to dissipate heat, and acts powerfully upon the cutaneous vessels, dilating them and increasing the bulk of blood in the external cooling area. Alcohol is used to sustain the vital tonus of the heart, reduce temperature, increase and maintain the appetite and causing a slower and stronger pulse. If such effects are not produced it will do harm. Remedies should be used for effect and as indicated according to the pathological condition existing in each case. We use but few drugs in this fever, proper food, efficient nursing, and all uncomplicated cases of typhoid fever recover.

TREATMENT OF TYPHOID FEVER

By John Albert Burnett, M. D., Auburn, Arkansas.

There is nothing new on the treatment of typhoid fever, but I will give the uses of a few drugs which I have found by clinical experience to be of value, which are not generally used by physicians in the treatment of this disease.

The therapeutic value of zinc sulphocarbolate, now official under the name of zinc phenosulphonate, is becoming very well known in the treatment of typhoid fever. One of the disadvantages with this remedy is that it is not very well tolerated by the stomach unless combined with other remedies. The following combination is very well tolerated by the stomach:

℞
Zinc phenosulphonate.
Salol .....aa.....ʒss.
Bismuth subnitrate .....ʒj.

M. Sig. Dose, ten grains every three or four hours.

Another similar prescription which is well tolerated by the stomach is:

℞
Saccharated pepsin.
Pulv. hydrastis.
Zinc. sulphocarbolate.
Salol .....aa.....ʒss.
Bismuth subnitrate .....ʒj.

M. Sig. Dose, fifteen grains every three or four hours.

In some cases an enema of a solution of zinc phenosulphonate is of much value, especially if there is diarrhoea or a tendency to diarrhoea. A good relaxing remedy when the secretions are not free enough is:

℞

Pulv. hydrastis.
Pulv. xanthoxylum bark.
Pulv. lobelia herb.....aa....ʒj.

M. Sig. Fill No. 2 capsules and give one every two or three hours.

The hydrastis will soothe the mucous membranes; the xanthoxylum bark will keep the mouth moist, and the lobelia will keep up relaxation. This was a favorite compound with a physician for several years.

In typhoid fever I find that the liver needs stimulation and for this purpose chionanthus will be of much value. It can be used alone or in combination with myrica cerifera. As a rule brisk purgatives should not be used unless an attempt is made to abort the disease, which is not always a safe thing to do. I consider many of the cases of aborted typhoid fever simply "aborted" or cured remittent fever.

I do not consider that typhoid fever in the advanced stages can be aborted with medicines and likely not by any other treatment, but it can be made to run a much milder course by the application of proper remedies.

In the early stages of typhoid fever, in sthenic cases, I believe heroic treatment will occasionally abort it, but the treatment is about as dangerous as the disease. For further information see my article, "Abortion of Typhoid Fever," January, 1907, Wisconsin Medical Recorder.

Turpentine is a useful remedy in the treatment of typhoid fever, but a good preparation should be used. The ordinary preparation which is generally kept on hand by the people, is not fit for use. Echinacea is of much value in most all cases of typhoid fever, and if there is any tendency to sepsis it is the best remedy that can be used.

Alstronia constricta is a remedy of much value in most cases of typhoid fever, especially in asthenic patients. It sustains the vital forces, cleans the tongue when not too bad and prevents complications which may occur. The dose is one or two grains of the powder every two, three or four hours. Many physicians have never heard of myrica cerifera being used in typhoid fever, but I have used it in several cases and consider it one among the most important if not the best remedy we have in this disease.

When the pulse is not full combine it with capsicum, when the secretions are not free enough with asclepias and xanthoxylum. Myrica will sustain the vital forces, especially when given with capsicum, better than any known remedy; it will carry the patient through critical periods that no other remedy will do and it is safe. When myrica is used in a case of typhoid fever there will never be any hemorrhage from the bowels unless it is brought on by something the patient does or eats. It will keep the alimentary canal clean and the tongue cleaner than any other remedy will do. A combination of myrica cerifera and capsicum with plenty of lemonade will cure, i. e., take more patients through a case of typhoid fever than any other one treatment. These remedies will equalize the circulation and not allow the feet and hands to be cold and the head and body too hot.

For all nervous conditions in typhoid fever cypripedium will be found to be about the best remedy, and next to it I would name scutellaria; in fact in some cases scutellaria should be used in place of cypripedium. Sponging with a solution of Epsom salts will be found to be of value in reducing the fever and keeping the patient quiet.

There is no use to mention the diet question as it is already threshed "thread-bare," but I am of the opinion that more feeding will be admitted in the future than has been in the past. Of course one thing is sure—it must be done with great care.

TREATMENT OF TYPHOID FEVER

By W. C. Abbott, M. D., Chicago, Illinois.

It is not easy for me to say anything new on this topic, and I will ask my readers to agree with me that the newest thing is not necessarily the best thing. It may possibly appear to you also as well as to myself, that the continued success of my treatment of typhoid fever after nearly a quarter century's trial, may be more significant than the introduction of a new method.

It must be nearly twenty-five years since I first began to use the sulphocarbolate of zinc in the treatment of typhoid fever. At first I simply gave from two to five grains every two hours, and supposed that the great benefit resulting was due to a germicidal action, the remedy destroying the bacilli in the alimentary canal. I am sorry to say that even yet we do not know exactly how the sulphocarbolates act in typhoid fever, and we are forced to rest content with the fact that nearly all cases recover under their use. Whether they destroy the typhoid bacilli, or some of the other micro-organisms which luxuriate and develop virulence, under the favoring conditions presented by the alimentary canal during the course of a typhoid fever, I cannot say. Many hypothetical explanations might be presented, but the reader is quite as able to theorize as I.

It was claimed for many years that this method could not possibly be of any benefit, because the typhoid bacilli were found in the blood of the patient even during the stage of incubation. It was assumed, without the slightest attempt at proof, that the whole symptom complex of the disease was directly due to the typhoid bacilli; and as these were even in this early stage beyond the reach of intestinal antiseptics the latter were worthless. This view still lingers in the outskirts of medical thought, but the mass of the profession, the reasoning part, has long since abandoned it.

The fact was never called in question that enormous improvement followed whenever the alimentary canal was completely emptied and enough sulphocarbolate given to destroy all the odor of the stools. We know that during an attack of fever the secretion of all the digestive fluids is lessened, or even stopped. We know that these fluids tend to keep down the septic processes going on in the bowels; hence, during the progress of a fever, microbic action luxuriates, and the production of toxins goes on there without the restraints exerted during health. Absorption from the alimentary canal is also vastly increased during fever, as the water of the blood is lessened by radiation from the skin. Hence we see why toxemia from the bowels may be a most important element in every febrile attack. We may disregard the typhoid bacillus and all other micro-organisms, in our explanation of the benefits following intestinal antisepsis.

Following the practice of the old clinicians, who studied their cases in the sick room, we administer calomel at the beginning of treatment, followed by saline laxative, both in appropriate doses. If, as sometimes occurs, the bowels are not thoroughly emptied by this means, we flush the colon with warm antiseptic solutions; and continue this process until the bowel is completely emptied. After this a small morning dose of saline laxative usually suffices for the toilet of the bowel.

With this we begin at the earliest possible moment administering the sulphocarbolate of zinc, in doses of two to five grains every one or two hours, until the stools have no unpleasant odor; after which about half the daily dose suffices to keep the alimentary tract disinfected. This forms the routine treatment of all fevers, including typhoid. If the stomach is sour and irritable,

substitute sodium sulphocarbolate in double the doses of the zinc. If lime is needed, use calcium sulphocarbolate in the same doses as the sodium salt.

The results are striking. Invariably, when the bowels have been emptied and disinfected, the temperature falls to a safe point; there is a remarkable amelioration of all the symptoms, and the case assumes the aspect of a mild or abortive form of the malady. Keep it there, by persisting in the same measures. So uniform and certain is this effect, that when it does not occur it is evident that the conditions have not been fulfilled. In one case, one of our friends had as he thought, emptied and disinfected the bowels, but the temperature persisted above 104°, with concomitant gravity of the other symptoms. Resting our faith upon the certainty of action of unvarying remedies, we suggested that the bowels could not have been emptied. The physician administered a colonic enema of coal oil, which proved the correctness of the surmise by bringing away a large mass of intensely fetid feces, with immediate improvement and convalescence rapidly supervening.

For the last ten years we have not relied upon milk as the diet in typhoid fever, but have administered, each day, eight to sixteen ounces of pure, fresh fruit juice, of the best variety obtainable at the time; and with this clear meat broths, and abundance of water. A small cup of coffee occasionally is very useful indeed. If more food is required and can be borne, dissolve the raw white of an egg in the water.

I note that of late I have scarcely anything to say concerning the treatment of the complications and sequels of typhoid fever. In cases treated by the above method from the beginning, there are none. When patients are treated by the older methods, and only seen by us in consultation, when the conditions have become desperate, it is obvious that no such marked benefits can be expected from the sulphocarbolates. Men will wait until the patient is dying of pneumonia, hemorrhages or even perforation, then send for us and exclaim: "Now, let's see the miracles you fellows claim from the sulphocarbolates!" It is scarcely necessary to explain why no miracles are forthcoming. The treatment that would have prevented these calamities will not put life into dead tissues, or induce fecal matter that has escaped into the peritoneum, to go back into its corral and put up the bars.

I am old-fashioned enough to believe that no new remedy equals turpentine when ulceration of the bowels has set in. The testimony in regard to atropine for typhoid intestinal hemorrhages is less decisively favorable than in the case of other forms of hemorrhage. Many indications occur, during the course of a severe epidemic of typhoid fever, for the use of various active principles, when the indications for the employment of some one of them appear. These are, however, not different from the indications presenting in any other fever. I do not believe in specifics for disease, and do not look upon the sulphocarbolates as specific for this fever, or for any other. They simply remove that portion of the symptoms which is due to fecal absorption; but that is enough in the vast majority of cases to turn the scale in favor of the patient.

TURPENTINE EMULSION

The formula of the official turpentine emulsion used in typhoid fever is:

℞

Ol. terebinthinae rect.....ʒss.
Ol. amygdalae exp.....ʒi ¼.
Syrupi .....ʒvi ¼.
Pulv. acaciae .....ʒiv.
Aquae .....℥iiss.

M. et S.—One tablespoonful every two or three hours.

TYPHOID FEVER

By R. J. Smith, M. D., Schenectady, New York.

The search for an antitoxin still continues but interest in an anti-typhoid serum is small on this side of the water. Here, the sulphocarbolates and other intestinal antiseptics are making a sturdy fight for recognition with increasing gains for the sulphocarbolates. The attempt to discredit them in some circles on account of theoretical considerations will fail in face of the many demonstrations of their clinical practical value.

Elimination is being recognized in these latter days as of prime importance in all autotoxemic conditions, and along this line the forced drinking of large amounts of water, a gallon or more in twenty-four hours, has been strongly advocated.

Being autotoxemic in character, typhoid fever is not a self-limited disease responding slowly or not at all to proper energetic treatment directed to the patient, not to the disease. Elimination with calomel and salines, large quantities of water daily, hydro-therapy applied by cool sponging with active rubbing to aid in the dissipation of heat, intestinal antiseptics in sufficient dose to correct fetor of stools, using preferably pure sulphocarbolates of zinc, lime and soda, and a diet fitted to the needs and digestive ability of the patient with proper rest and fresh air, make a simple, common-sense, effective treatment for this disease.

Restlessness, delirium, insomnia, and other evidences of toxemia are almost never seen; meteorism, hemorrhage and perforation are rare, and other complications are few under the eliminative treatment.

Milk alone is not a good diet for the majority of patients. Koumyss, buttermilk, whey, eggs, barley, rice and oatmeal gruel strained, fruit juices, lemonade, are all good. Nourish the patient, prevent slow convalescence, and hasten the return of strength. The digestive powers are feeble and due allowance should be made in the quantity of nourishment and the stated intervals at which nourishment is given. If the patient does not call for food, is not hungry, and loss of weight is not too pronounced, the less food given during the first week or ten days, the better for the conduct of the case.

The choice of laxatives may vary. Personally, I have found castor oil excellent. Constipation is relieved, diarrhea checked, tympanites nil, and the patient complains very little of the disagreeable dose if it is properly disguised.

The sulphocarbolate of zinc in diarrheal conditions, of zinc, lime and soda in ordinary cases, should be given in free dilution in five 15 gr. doses every two, three or four hours, as required to correct fetor.

Copper arsenite in 1-500—1-250 gr. every two or three hours—may be added to the above. Copper in very great dilution has proven effective in removing all contamination from drinking water, and small doses will prove effective in lessening absorption of toxins, restoring cell-activity and improving digestion.

Symptoms must be met as they arise, bearing in mind that increasing restlessness, high temperature and tympany show the need of a more drastic cleaning out, and call for large doses of the antiseptics.

Treat the patient always. Give no antipyretics; alcohol, only externally; heart tonics, of which strychnine is the best, never routinely, but freely when indicated. Get the effect irrespective of the dose.

The stools of typhoid fever patients should be disinfected with solutions of formaldehyde, 1-40.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D.,
72 Madison St., Chicago, Ill.

(Continued from Page 225 July Recorder)

THE ADVERTISING QUACK.

These people who are able to prey upon the ignorance of the young, in sexual matters, and prevent and poison the functions of life for the miserable dollars, they can wheedle out of a panic-stricken young man, can only exist by some favor of the law. Many of these parasites are not physicians, and nearly all do business under a false name. Careful investigations made by my attorney, convinced me that all of them could be put out of business in twenty-four hours, if the people whose business it was to do it were not paralyzed by some unseen cause.

I endeavored to learn what this cause might be, and I made some very remarkable discoveries.

In the first place, I found that while they were apparently doing business individually, collectively they were as well organized as any trust in the country, had a secretary and a bank account to defend any member of the combination, who might get into trouble, put a competitor out of business, influence legislation, prevent interference with their business, or influence someone that may be favorable to them. That each member pays $500.00 or more if necessary, a year, in the common fund and no questions are asked as to what is done with it.

If a new man starts in, the majesty of the law is terrible; the first week puts him out of business . The State Board of Health wakes up. Suit is brought, the States Attorney's office gets busy, the police department finds the "victim of extortion," the papers are duly worked, and the public begins to congratulate itself upon their vigilant officials. Well, the cause is quietly buried in that graveyard of public hopes, the superior or criminal courts, and after a few weeks the newcomer has either succeeded in breaking into the combination or goes quietly out of business. The case drags along for four years, and when called, all of our vigilant officials are either at West Baden, sobering up, or have been hypnotized. Even the papers forget the "extortion," as the stream of dirty dollars flows over the counters of their counting room, and the old game goes merrily on.

This has been about the hardest task I have set myself, getting authentic information about these fellows, and tracing the disappearance of this yearly fund of $10,000 and all of the exact information I have succeeded in getting is several years old. In the first place, from one to two thousand dollars a year has been traced to the hands of a certain politician who has done legal service for the State Board of Health, and I am individually informed that he acknowledged receiving it in court, and excused the proceeding under the theory that the laws were so defective that it was the only way they could "punish" them.

It is certain that a large part of this corruption fund goes to ward off adverse legislation. In this last, they have the cooperation of the state and national societies of quacks, who also raise a fund of $15,000 for this laudable purpose.

I have also learned that a certain percentage of the state fund has not been used in late years and was returned to their contributors.

A minor portion is used to "job" any new man who tries to break into the game. A "sucker" is hired to call on him and get "swindled." Someone pushes the "button." The police appear on the scene. The grand jury makes terrible grimaces. The states attorney gets busy and the daily papers break into a unanimous chorus of denunciation. Suddenly everything is hushed; we never hear any more about

the matter, or next week see his ad. in a full column of our favorite paper. What's happened? Who did it? How was it worked? Answers to these questions would throw a flood of light on our system of jurisprudence. Who is so powerful that he can get a judge out of bed to sign a bench warrant for a plain, ordinary "quack?" Why all this outcry against a new man who has not had time to wear the varnish off his chair, when there exist and have existed numerous sharpers doing a thousand times more business, and much more unscrupulous than he ever dreamed of being and who are not molested from one year's end to another? If any "innocent sucker" makes a complaint to the police department, he is asked roughly if he didn't know the fellow was an advertising quack when he went there, and by the way, do you want this thing to get in the papers, what was he treating you for? And, strange as it may seem, if the party is persistent and compels the police to act, his whole story goes into the papers, and if he doesn't drop the matter or get out of town he is picked up for disorderly conduct, or on a "vag warrant" and railroaded to the bridewell. What powerful influences are behind these fellows, that they can set in motion all the machinery of the law to terrorize a man who makes complaint against them? Who stimulates the police department to conspiracy to dispose of him? If we can find the answers to these questions we shall throw a flood of light upon a few dark places in this wonderful civilization of ours.

I made the utmost endeavors to solve the problem, but owing to financial reasons had to abandon the quest before I had succeeded in unravelling the entire tangle.

A "shadow" picked up one of the "quacks" with instructions to see where he went, who he met and, generally, look into his life, and look for crumbs of information that might fall from his lips. He followed the pace for three weeks, became quite "chummy" with our abnormal friend, ate with him, drank with him, and slept in an adjoining bed in a public brothel. He got a fund of information, but resigned, rather than keep up the pace any longer. It was the pace that kills!

HE GOT THE FOLLOWING:

"I tried the ethical game for fourteen years and didn't make enough to pay my bills. I found that medicine was a confidence game, with the small doctor playing a part of 'it,' while his big grafting brother, who posed as a great 'scientist' was carrying away all the 'swag.' I went into medicine with $20,000 in cash in my pocket. I quit after fourteen years about $3,000 in the hole.

"I learned one thing thoroughly while in medicine, and that is, that people like to be swindled, and that they do not appreciate honesty in a physician. I also learned that the public, both young and old, are absolutely ignorant on sexual matters; in other words, what they do know about them is mostly not so.

"I borrowed $200, started in to advertise in a small way and began to prosper. It was a hard thing to chloroform my conscience the first year, but eventually I had the same pleasure in landing and 'skinning a sucker' that a hunter gets when a deer drops at the sound of his gun. At first my old friends in the medical profession affected to despise me and looked upon me as a thing apart. Soon, however, I was in a position to throw cases to anyone I wished; it did not take them long to find out that I was a gold mine as I could throw several thousands of dollars worth of work in any direction I might wish. It did not take long before the 'medical grafter' caught on and I got offers for my business, ranging from twenty-five to eighty per cent of the fee in my favor, and two of them offered to operate upon my patients at

their clinics when they did not succeed in getting my business by other means.

"In a short time I was in a position to offer my patients the services of the best specialists in the city and of men with a world wide reputation. I prospered and it was my undoing. I got to gambling and maintained several domestic establishments (on the installment plan of course) and while I was making $75,000 a year I went broke and quit. I was on my uppers for several months when I was sent for by a prominent surgical grafter who urged me to go back into the business. He loaned me $5000 to get a start. That was the best investment he ever made. He cleaned up $25,000 profit the first year. He got several prominent politicians to put in a few thousand dollars apiece, and I started a chain of offices throughout the country.

"After a few years my prosperity, which I was always too foolish to hide, brought me many imitators and it became apparent that the business was 'going to the dogs' if we couldn't cut them out.

"We talked the matter over and left it in the hands of one of our stockholders, a prominent political lawyer. In less than a week every rival was put out of business for 'skinning suckers.' Of course I was picked up with the bunch, but I had so many prominent men to testify as to my character and ability, even two preachers were there to help me, I was discharged.

"I don't know where all these people came from or who got them to testify in my favor, nor that they were what they purported to be; it was evident to me that I had never seen a single one of them before I met them in court.

"The papers gave me a good write-up in vindicating my character, and roasted my rivals to 'beat the band.'

"In spite of my vindication, however, some 'sucker' would get in every week and raise a kick and have me 'pinched' and I soon learned that my rivals were at the bottom of the difficulty and it was soon seen that they had just as good backing, both medical and political, as we did, and it was to be a case of 'dog eat dog' or unite for each other's protection, and to fight any newcomer in the field.

"We organized, hired a shrewd secretary and contributed $500 each to be put in the Union Trust bank, subject to draft of the secretary only. This was ordinarily sufficient for our purpose as we managed to keep the fund at about $10,000 for emergencies. No questions are asked as to what the secretary does with the fund; we don't care, as long as we are not molested. He can 'shoot craps' or 'chase chips' as his fancy may dictate, but his position depends upon his ability to keep us out of trouble.

"I fancy we have about as strong as organization as any of the trusts; we can put out of business or railroad to the bridewell any fool who thinks he can break into the game. The profits of the business are enormous if it is run right.

"We had only one combination that broke in and seemed determined to stay in spite of all the annoyance we caused them. They had several registered ethical physicians on their staff.

"They did business under a trade name of 'The Vienna Physicians,' only that wasn't their name. We tried in every way to put them out of business but they stuck, and there was really no law to reach them, so I got the idea that we would make the law fit the case.

"In consultation with my political partner I learned we could get a law of this kind through the legislature for $10,000. I raised that amount in about an hour and in six weeks we had our law passed making it a penal offense for a physician to practice medicine under a false name or in the name of a corporation.

"We 'pinched' the outfit and showed them the law. They were wise, saw the

point, and not daring to practice under their own names, had to leave the game or lose their ethical standing.

"If this law was enforced it would put ninety per cent of these institutions out of business. Why is it not enforced?

"Simply because we don't want it enforced, when it is not to our interests and a good piece of our money goes every year to hypnotize the officials whose duty it is to look after the interest of the public.

"Every time the legislature meets it costs us between ten to twenty thousand dollars to defeat laws that would not be to our interest.

"We pay the newspapers hundreds of thousands of dollars yearly. Can they afford to offend such good customers?

"Well, hardly, our virtuous and vigilant papers will wax very indignant about any good graft that don't patronize them; but tell me, could a gold brick mining stock jobbing proposition or medical fake exist two months without their earnest and enthusiastic support?

"Don't make any mistake; the paper always has its hand spread out behind, even the religious press is out after the graft and will promise news endorsements of any fake proposition that comes along."

This gives us a clear idea of the workings in the underworld of graft. While this gentlemen was under espionage he was seen to be very "chummy" with two eminent surgeons, one neurologist, one oculist, two rectal specialists and a well-known genito-urinary man. He ate with them, played cards and drank with them at one of the clubs. They visited him in his office once or twice a week and some of them were seen to treat patients within his office; many patients were traced from his place to the office of one of them. They were stopped and questioned and acknowledged they had been sent to the specialist by the "fakir."

Were these physicians "ethical?" Bless your soul, they are the high priests who serve the medical ethical God. One was asked, incidentally, what his opinion was of the "fakir" and he condemned him as being the greatest rascal in town. But, later the same evening he was the invited guest of our ethical comrade at the Athletic club; of a verity, "Consistancy, thou art a jewel!"

In the light of the foregoing it is not difficult to explain why some ethical men make $50,000 a year and why ninety per cent of them have difficulty making a plain living. Medicine, it seems, offers great possibilities if you only have brains enough to grasp them. It is necessary to cultivate a fine personality, talk conservatism, dress very professional, be very ethical, and "skin every sucker that bites."

Unfortunately, not every human biped can command all of these characteristics in his personality. His ancestors transmitted to him a heathy conscience instead of a plain gizzard and it takes many years of starvation and mistreatment before a conscience dies, but oh! what a monstrosity is left! A man without a conscience can out-devil the fiends of perdition.

Did you ever attend a large South Side church, gorgeous in its magnificence and see a tall, flashy gentleman with diamonds on as large as nuts? Did you ever see the well-meaning preacher shake the hand of this individual effusively and introduce him to his parishioners as "doctor?" Did you ever hear his oily voice pleading to the Divine God for mercy and guidance for the congregation? See him pat the good sisters affectionately upon the shoulders? Give great chunks of wisdom to the boys and girls? If you have, you have all seen our advertising fakir.

If you follow him from the church you will see him change his clothes, and if

you follow him into the red light district you will see a rounder and spender that will put the blush of shame upon its regular denizens.

Can you imagine a gigantic spider sitting expectantly behind a large and well-spun web of advertisements, watching these same boys and girls come into its sphere of influence? Can you see the tigerish spring with which he seizes his prey? Can you hear the shrieks of agony as he fastens his fangs upon the flesh, drinking like a vampire the last drop of blood of his victim, spurning the carcass with his foot as he again returns to his dark corner, waiting for the next victim?

What do you think of its partners in the chase, the virtuous newspaper editor, the unsexed thing in the pulpit, neither man nor woman, yet affecting the habits and dress of man, who make this thing possible. The church has always claimed the right and sole right to teach morality. How have they discharged their trust? The ministers in the pulpit solemnly tells the young man and woman that they must not commit fornication or adultery. Now his young hearers have about as much intention of commiting these things as they have of committing mathematics or hari-kari.

But let us shift the scene to a back parlor with the light turned low, a vigorous young man and a comely young maiden, a seat upon a couch and no disturbing humans around; her head upon his shoulder, her breath in his face; with eyes that look like beacon lights upon a dark night; the heaving of her bosom as she is strained to his side; the short, gasping breathing, as the hereditary instincts of the ancestors have passed down the divine law. Readers, is it fornication, adultery? No! It's "Heaven" to them.

Did these young people realize all the consequences of their act? If they had would it have been committed? Who is to blame? Their moral teacher—the church. This institution which has embalmed a small grain of the real truth of creation has drifted along through the centuries, utterly indifferent to its wonderful possibilities, petty bickering about creed, doctrines and methods, totally oblivious to its great mission in the world. It is true its doors are open to anyone who will take the trouble to come in and be saved, but when the saving process is completed they are supposed to sit in the congregation and "be good"—all the demands of the animal, man, his amusements, pleasures are denied or restrained. He is apart from the world. He is too good and holy to mix with his fellow man. It is not his mission to go out into the world and spread the great doctrine of the brotherhood of man and the Fatherhood of God. No, he is expected to be good in this world so he can enjoy himself in the next.

In late years many virile men have broken into the pulpit and have attempted to get the old ship in motion for the good of humanity, while on this earth, but have found its old bottom so encrusted by the growth of barnacles that have accumulated through the long centuries while it has been in dry rock, that progress is as painful as pulling teeth. All the machinery is rusted and when they can overcome the conservatism of the owners and install a modern steam turbine engine, look out! The militant church will have arrived and the barks of graft, viciousness and dishonesty will keep far from the track of the liner, and the millenium will have come.

Note.—The apparent reflections in this article upon the honesty and integrity of the board of health and states attorneys office are necessary, owing to the character of the articles to follow. There are the best reasons to believe that both offices are above suspicion and have been for a number of years. Still there are many denizens of the underworld who use their names in further-

ing their schemes and can at times put all the machinery of the law in motion to terrorize or punish certain individuals as they may deem necessary.

(To be Continued.)

THE APPLICATION OF FORCEPS IN PLACENTA PRAEVIA

By J. H. Higgins, M. D., Scipio, Arkansas.

The os not being dilated you can only save your patient by anesthesia and rapid dilatation of the os and application of forceps, the placenta being in the os. As is always the case, hemorrhage is profuse as all know when the placenta is partially or wholly detached. The best way of introducing the forceps is to anesthetize the patient, pass the hand into the lips of os, then pass the male or lower blade of forceps along the inner side of hand and pass into the uterus, care being taken not to catch the uterus inside the blade. Have an assistant to hold blade, then insert other hand and follow with small or upper blade, the placenta being pushed out of the way. When the blades are both introduced, if right they will lock without any trouble. Then begin traction; do not pull like you wanted to lift a great load, but ordinary traction, similar to natural labor as nearly as possible. When the head is born, complete labor as in ordinary cases of hemorrhage and you will have less trouble than one would think for, antisepsis considered.

In all summer disorders of digestion, infection more or less pronounced is the rule, and the intestinal antiseptics are the determining factors in lessening or nullifying the effect of toxin absorption. The two most important intestinal antiseptics are the sulphocarbolates and copper arsenite.—R. J. Smith, Summary.

WHAT OTHERS SAY

Chimaphila is a good remedy in the cystic irritation of old men.—Watkins.

Did pessimism banish cholera and yellow fever and puerperal infection?—Lancet-Clinic.

Oue of the trying things about a doctor's life is his being always on duty, all hours of every day in the year.—Lancet-Clinic.

Newbury (Toledo M. & S. Rep.) treats morphine habitues by small doses of hyoscine at bedtime, relieving the suffering with heroin hydrochlorate.

Examine the rectum in all cases of urethritis independent of the cause and irrespective of the type, stage and severity of the process.—Aronstam, Int. Jour. Surgery.

Prostatic Tuberculosis. Hypodermics of iodine and gold offer some hope of benefit or even cure. The same may be said of nucleins and of tuberculin.—Int. Jour. Surgery.

There are no medical nihilists; they just think so. The medical nihilist has no use for the medicines of the other fellow, but his own pet drugs are a necessity.—Watkins, Ecl. M. J.

However irrational as an infants' food buttermilk may be, theoretically, in practice it produces good results, especially in intestinal indigestions of the non-infectious tpye.—F. H. Allen, Ann Gyn. & Ped.

All abdominal pains originate in the abdominal wall, more especially in the parietal serous membrane and subserous connective tissue, which are innervated by the cerebrospinal nerves.—Lennander, Edin. M. J.

Bowel Infections. Give veratrine to round out the leucomaine, causing a full bounding pulse; digitalin for that causing paresis of the arteriole musculature atropine for that causing spasm of the arteriole musculature.—J. Burke, Med. Summary.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

INDICANURIA.

Routine examination of urine means generally only a test for albumin and sugar with an occasional microscopic search for casts. Seldom are other normal or abnormal constituents looked for although valuable information may be derived from their presence or absence, or amount. One search for which would often pay well is indican. The test for it is easily and quickly made and requires no special skill or apparatus. To equal parts of urine and concentrated hydrochloric acid is added a drop or two of sodium or calcium hypochlorite, nitric acid or hydrogen peroxide. A blue color results, more or less deep, according to the amount of indican present which, on standing, disappears. If, after adding the oxidizing agent, a few centimeters of chloroform be added, the mixture shaken up and then allowed to stand, the indigo blue will be taken up by the chloroform and the intensity of the color more easily judged. Normally, only slight coloration results.

Indican is formed during alkaline digestion of proteids in the presence of bacteria. The amount in which it appears in the urine indicates the extent to which putrefactive processes take place in the body. These putrefactive processes may occur either as the result of a breaking down of tissue in any part of the body or in the abdominal tract, caused there by bacteria introduced with the food or those normally there present. Ordinarily the germs introduced with food are destroyed by the free hydrochloric acid of the gastric juice. When from any reason this is diminished or absent, the bacteria pass into the intestines, where in the alkaline secretions they find ideal conditions for their activity, and putrefactive products being absorbed, are increased indicanuria results. It occurs in all forms of gastritis and especially in cancer of the stomach.

In all conditions of lessened peristalsis and consequent stagnation of the contents of the small intestine, putrefaction occurs and increased indicanuria is the rule. But in diseases confined to the large intestine it is not increased. Nor is it increased in obstruction of the large intestine until stagnation occurs in the small. This point is of value in a differential diagnosis between obstruction of the small and large intestines. In that of the small, marked indicanuria may be observed as early as the first day, while in that of the large, not until later.

ACID MILK FOR INFANTS.

Buttermilk as a food for infants, especially during gastro-intestinal disorders, which was recommended a few years ago, has been tried extensively and found valuable. The recommendation made upon the strength of empirical uses in some European countries, was received here with reluctance, for it seemed to contradict the accepted principles of infant feeding. Up to the present no rational explanation has been offered, but one may be found in this passage from Metchnikoff's "The Nature of Man," as quoted by Dr. Henry G. Piffard in a letter to the Medical Record: "Investigations have proved the existence of certain microbes which sour milk, i. e., cause the formation of lactic acid and which are antagonistic to the microbes of putrefaction. The latter multiply only in an alkaline medium. The lactic acid microbes produce large quantities of acid and so hin-

der the multiplication of the organisms of putrefaction. Such facts explain how it is that lactic acid frequently stops some cases of diarrhoea and why treatment with lactic acid is so useful in maladies associated with putrefaction of the intestinal contents. It makes intelligible, moreover, the medicinal value of fermented milk."

Owing to the difficulty of obtaining reliable fresh buttermilk, especially in the cities, Parke, Davis & Co., have prepared a tablet which they call lactone, containing pure lactic acid bacilli in sugar of milk. J. T. Christison, Professor of Diseases of Children, University of Minnesota, reports an extensive use of them in a series of cases representing simple indigestion, acute intestinal inflammation, summer complaint, and various form of mal-nutrition up to severe atrophy. His results were very satisfactory. The ease with which the milk was prepared and the avidity with which it was taken by the little patients, appealed to the mothers, and as in this formula all the fat is left in the milk, this appeared a decided advantage. As a routine practice the bowels were first emptied by castor oil or calomel and food of all kinds withheld for from twelve to twenty-four hours, only cool sterile water being allowed. In some cases this treatment was supplemented by colon flushing with salt solution and in a few instances washing of the stomach was found desirable.

UNIFICATION OF THE MEDICAL PROFESSION.

Twenty odd years ago the medical profession of the great state of New York divided on a question of mere policy. One part claimed the right of free consultation with all qualified practitioners, no matter of which school; the other rejected it. The controversy became so acute that two rival state societies were organized. Who would have thought that it would take twenty years to lay by such a really childish quarrel? At last the medical profession has progressed far enough to recognize the folly of splitting up into hostile camps on account of differences in therapeutic tenets.

There was a time when the Presbyterian, the Methodist, the Baptist, etc., fought and anathematized each other. Thank God that time is past! The true understanding prevails now that they all have the same faith and worship the same God, and that their differences are only differences of form and inessential. True religion has been the gainer by it.

Just as inessential are the differences between the various medical sects—the old school, the homeopath, the eclectic. They have the same great aim, are members of the same great profession, work in the interest of the same good cause, are vitally interested in the same economic, hygienic and educational problems. The various medical schools are in fact only subdivisions of the universal body medical, working along special lines in therapeutics, neurology, etc. Their findings belong to the entire profession; their advances are advances made by the entire profession. And yet, until recently, there was a great gulf fixed between them, not only professionally, but also socially. A good man, allopath or regular, would or could have nothing whatever to do with an equally good man, homeopathic or eclectic. These designations are really farcical. That of allopath has always been distasteful because it implies limitations to which no true scientific man can submit—that of regular is an arrogant presumption. (The writer himself is a "regular.") We are all alike entitled to one proud title—that of physician—broad enough to cover all who practice medicine legitimately.

The bringing into close relationship the different schools of practice, hostile brothers heretofore, has been one of the most beneficial results of the modern

movement for regulation of medical practice by the state. The broader spirit thus awakened is spreading rapidly and the complete unification of the medical profession is sure to be brought about before long. Medicine will be advanced by it.

IMPORTANT JUDICIAL RULINGS.

The Appellate Division of the New York State supreme court defined in a recent decision very clearly the practice of medicine. It says that the giving of medicine or the use of instruments is not a necessary feature of the practice of medicine, but the simple agreement to diagnose and treat disease by any method for a fee, is the essential factor.

That is a very important decision, in view of the fact that in many states the osteopaths—in Minnesota also the chiropractics—are persistently clamoring for special privileges from the legislature, claiming that inasmuch as they do not practice medicine they should be exempt from the laws governing the licensing of practitioners of medicine. This claim is fully disposed of by the above quoted decision, coming from one of the highest and best reputed courts in the land. The decision is also applicable to Christian Scientists.

Another decision of great importance and universal interest comes from Washington. (We surmise the state; our exchange fails to specify.) A man sued for breach of promise set up the defense that he found out that the woman was afflicted with tuberculosis and that in addition to this his own parents had died of consumption, and that he thought it in the interest of society in general that the marriage should not take place. The jury found a verdict against him which, however, was set aside on appeal. The judge held that the marriage would have been a violation in spirit of the law enacted to prevent the spread of disease. That the paramount consideration appertains to the community, the state, and humanity in general.

SCIATICA.

In the Buffalo Medical Journal, McKee gives a resume of the recent suggestions concerning the treatment of sciatica. Among others he speaks of beta-eucaine injected near the sciatic notch, close to the nerve. Two cases required but one injection, three others but one, to work a complete cure (Lange). Retrivor reported good results from daily injections of strychnine, in the enormous dosage of gr. one-sixth to one-third; but these may be typographic errors. Ostwald made deep injections of alcohol with cocaine or stovaine, with relief in ninety per cent, after two to four injections. He used eighty per cent alcohol with gr. one-sixth of either anesthetic. Shoemaker combined injections of atropine with cocaine, baking the affected limb daily. Many of the indirect methods are advocated and may aid the cure.

CALCIUM IODIDE IN LEG ULCERS.

Peters has found that ulcers of the most stubborn sort have within a fortnight shown clean granulating surfaces and have in almost all cases healed under the administration of the drug. In all cases the circumscribing induration greatly diminished or disappeared entirely. Many patients had previously been saturated with potassium iodide. Two grains of calcium iodide were given in mixture three times a day; there is no marked advantage in increasing this dose. Any mild external application as mercurial or iodoform ointment is admissible.—British Med. Journal.

The editor of the Rundschau begs to decline responsibility for the atrocious Latin of the prescription on page 234 of The Recorder for July. Nowadays one can get along very well in medicine without Latin, but when one does use it, it should be correct. The formula was published as it appeared in an abstract in an exchange.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 AUGUST, 1907 No. 8

THE COURAGE OF KNOWLEDGE—FIRST HAND

Times of discouragement come to every one of us; moments when we look out over the profession and see only shoals of cowardly weaklings, who truckle and cower behind any "authority" they can find that offers an adequate shelter. Like the Duke in Sullivan's opera, we begin to think that the race was born with crooked backs.

But just about that time we meet some sturdy man, who has the courage of his convictions, who has learned to value himself and disdains the reproach of conceit. Just listen to this, from a writer in the Summary:

"I put no sort of reliance whatever in what I learned in American and French colleges of medicine about the diagnosis of disease, but rely entirely on myself, my intuition, my practical experience, and my penetrating instinct, not learned from any system of instruction, but unconsciously acquired in the long, unequal struggle with necessity, the stern requirement to know the ailment of a patient before blindly attempting to treat an uncertainty."

Further: "I regret the practical impossibility of putting on paper reliable guiding hints on proper diagnosis, as I have no rule whatever in my own practice, simply judging each individual case as met."

This is too good to lose: "If the disease has not developed to diagnostic proportions, my long experience at once admonishes me that elimination, heart sustenance and the breaking up of crescent congestion, capillary or arterial, are steps of preliminary defense, rarely if ever amiss, and glonoin, cactin and aconitine are promptly brought to the front, the cleansing process not being neglected. And it is not seldom surprising, even to me, accustomed as I am to see almost miraculous results, to find the malady terminated inside of twenty-four hours.

"I recognize one supreme obligation and no other—a paramount duty to relieve physical suffering and save human life, and whatever most assists my humble efforts is ethical for me." Dr. Gray may rest assured that, whatever other ethical standard any man or set of men may have adopted, it is either identical with or inferior to his.

Here is a paragraph concerning the conditions under which he has developed, in his long service in Mexico, where the venerable practician is still at work, though nearing his eightieth year.

"Probably no other living practitioner, or dead, perhaps, ever devoted the same time, study and practical tests to disease conditions of wondrous peril as

I have in forty-two years of tropical enthralment; never once asleep at midnight, or in bed more than four in twenty-four hours; never making or having a social call; absolutely estranged from life and mankind apart from professional relations; not caring for or thinking of anything else; my sole object being to serve suffering humanity in my own fearful field, where my lot was cast alone."

What a life! Since the Civil war, when Dr. Robert Gray was a Confederate surgeon, he has lived in tropical Mexico, and practised his profession. How many thousands of our brethren live similar lives, unconscious of their own nobility.

RESPONSIBILITY OF SUBSCRIBERS

Very curiously indeed, nobody seems to have called attention to the fact that the subscribers to journals representing organizations are personally responsible for the official organ's contents, while those taking independent publications incur no such responsibility. This gives the former a right of protest and veto the others do not possess. For instance, we as members of a medical society may justly protest against the advertisement in our organ of a medicated wine or a mineral water that is advertised to the public, the laity, not as a beverage, but as a special cure for diseases. As the organ represents us, it has no right to misrepresent us into endorsing such articles when we have a legitimate objection to them; and even if ninety per cent of the membership show indifference to the matter the organ has no right to compel those who do object to thus give their official endorsement.

But we may buy a newspaper for its news, while differing from the publishers as to their politics, for by buying it we do not publicly endorse it as we do the organ of our association. Consequently we have no right to veto any of its contents. Our subscription is a private matter, while with the organ it is public; we buy the independent, we publish our organ.

EDITORIAL NOTES

It is the duty of the physician to warn a tuberculous girl against marriage, says Ploos.

Shall we treat fever? Kraus says: "It is clear that it is not exclusively helpful;" and we feel easier.

What a fine living a man could make as a bridge-builder, who was versed in the theory of bridges, but couldn't build one.

The art and science of drug application is going to be the greatest specialty the world of medicine has seen—if it ever gets started.

Next time you find yourself "taking cold," take gelseminine, a granule every half hour, till the eyelids begin to droop or the cold vanishes.

The toxin of fatigue can be extracted and combined with the antibodies so as to neutralize it, says Turck. Let the hired man beware!

How inconceivable it seems that any professional man could pride himself upon his own ignorance of the practice of his profession.

MacCourt finds no remedy for grippe as satisfactory as gelsemium. Gelseminine seems to be the least depressant of the alkaloidal antipyretics.

An English physician, writing in praise of the automobile, speaks of the plague of flies and the smell of dunghill accompanying the horse.

On another page we publish the law recently passed in New York for the prevention of drug substitution. This law was passed through the untiring efforts of Chas. Roome Parmele. Not only New York, but every state needs such a law.

Watkins says cactus is another certainty. It is a heart remedy but not a drug that will cure organic heart disease.

Tilton tried to ruin Beecher, and as a consequence ruined himself, as men always do who try to destroy others.—The Philistine.

Progress in drug therapy lies in the way of studying the action of single drugs, given with clear expectation of the results to follow.

Clinicians who have used certain remedies with satisfactory results for many years will continue to do so in the future.—Albright's Pract.

Many a modest family doctor would blush to be told that he was away ahead of the "cultured" city notables in practically applied medicine.

Derision of the misuse of drugs has been worn threadbare; it is full time the proper and intelligent use of these agencies be differentiated.

Asclepias is indicated in deficient secretion from the skin, and in the pulmonary irritations.—Watkins, E. M. J.. Try asclepidin in mild fevers.

Why One Doctor Succeeds. There is a decision, a firmness, a kindness and an attentiveness, an interest that other men do not show in their work.—Post Graduate.

The osteopath, the scientist, the faith and suggestion specialists, one and all, deride the use of drugs which is prohibited them; why should we follow their obvious commercial lead?

Most of the state laws providing for licensing irregulars explicitly deny them the privilege of prescribing or dispensing drugs. Here is our opportunity. Make our one remaining exclusive privilege the leader.

Some years ago there was published a report of a case of leprosy cured by the use of nuclein solution, by a New Orleans physician. It seemed then "too good to be true," but quite recently another similar case has been reported.

To me a simple, safe, well-ballasted, healthy, direct and truthful person is divine. There has been so little competition along this line that it is no wonder an unselfish man was worshipped as a God—after we had killed him.—The Philistine.

When we read that a case was diagnosed as appendicitis and cholelithiasis, and after months of suffering was completely relieved by being fitted with glasses (Alger, N. Y. M. J., June 8), we are not so sore at being accused of being faddists. There are others.

In the Practitioner, Copeman considers the recent work on cancer, and presents as one conclusion the proposition that this disease is a local manifestation of perverted body-metabolism, one indication of which is the failure of HCl secretion by the gastric glands.

At our request Dr. Charles C. Miller prepared for The Recorder, the excellent article on the surgical complications and sequelae of typhoid fever which appears in this issue. This article will be continued in our next issue. This will be followed by a series of practical articles on plastic surgery which Dr. Miller is writing for The Recorder. These articles will be illustrated with original cuts and plates.

Typhoid Fever. The fever is usually quite amenable to treatment if the alimentary canal is kept reasonably clean. As remedial agents digitalin, aconitine and veratrine are the most dependable.

The sulphocarbolates should be given when the stools emit a very putrid and offensive odor. They are our best intestinal antiseptics. In recent years, since I have come to institute early and effective eliminative treatment and maintain it throughout the disease, I have had neither regrets nor funerals. —Marrs, Med. Council.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume III. Eye, Ear, Nose, and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L.; Albert H. Andrews, M. D.; Gustavus P. Head, M. D. Series 1907. Pages 353. Illustrated. Cloth; Price $1.50. Price of the Series of Ten Volumes, $10.00. The Year-Book Publishers, 40 Dearborn Street, Chicago.

In this book the anatomy, pathology, physiology, bacteriology, etiology, diagnosis and treatment, medical and surgical, of the eye, ear, nose and throat, receive attention with reference to the latest advances. The literature on thse subjects during the past year has been very large, but the editors have prepared abstracts of that which they consider most valuable to their readers. The editorial comments add much to the value of the book.

The section on the eye gives a good resume of a year's progress. Under ocular therapeutics, alypin, stovain, dionin, and the silver preparations receive special consideration. Some abstracts are given on comparative ophthalmology, illustrated with color plates.

The section on the ear gives a good review of late literature on this subject.

The nose and throat section presents a number of important new things in this branch of practice. Submucous resection of the nasal septum receives considerable attention. The treatment of the accessory cavities of the nose is presented at some length. In discussing tonsillotomy we note an especially good suggestion by editor for the control of hemorrhage. He suggests that the bleeding point be found and an artery forceps applied.

The volume is freely illustrated with cuts and plates. The book contains a large aomunt of information of value to both specialist and general practitioner.

DISEASES OF INFANCY AND CHILDHOOD. Their Dietetic, Hygienic, and Medical Treatment. A Text-book designed for Practitioners and Students in Medicine. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital, etc., etc; Fellow of the New York Academy of Medicine. With 303 Text Illustrations, several in Colors, and Twenty-seven Full-page Half-Tone and Color Plates. 979 Royal Octavo Pages. Extra Cloth, $6.50, net; Half-morocco, $8.00, net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Those who have read Dr. Fischer's book on "Infant Feeding in Health and Disease" will welcome this volume and will know that there can be no question as to the excellence of the work. Dr. Fischer, in his large practice and clinics, has had unusual opportunities for the study of pediatrics. During the past twenty years immense progress has been made in the diagnosis and treatment of diseases of children. In no department of medicine is it more necessary to have late books than in pediatrics. Comparing this work with a text-book on the subejct of twenty years ago, shows great advancement.

The author considers the subject in twelve parts: The new-born infant; abnormalities and diseases of the newly-born; feeding in health and disease; disorders associated with improper nutrition, and diseases of the mouth, oesophagus, stomach, intestines, and rectum; diseases of the heart, liver, spleen, pancreas, peritoneum and genito-urinary tract; diseases of the respiratory system; the infectious diseases; diseases of the blood, lymph glands or nodes, and ductless glands; diseases of the nervous system; diseases of the ear, eye, skin and abnormal growths; diseases of the spine and joints; miscellaneous.

The very important subject of infant-feeding is properly given the prominence it merits, and all its phases, maternal nursing, wet nursing and hand-feeding with all home modifications for bottle-feeding, are carefully considered. The disorders arising from improper feeding receive special attention.

In a work on pediatrics, infectious diseases should be fully presented, and the author has given careful attention to this, presenting the subject in full. In discussing the diseases, diagnosis, symptoms and treatment are given in detail, so that the book is a comprehensive and practical guide which the practitioner will find indispensable. Pathology and bacteriology have been given ample consideration.

Under the head of "Miscellaneous," the author has collected a large amount of valuable information. This section includes a dietary, methods of detecting adulteration of milk, examination of urine, bacteriological memoranda, anesthetics in children, disinfection, table of doses, and prescriptions for various diseases.

As a result of his work as a teacher in New York post-graduate schools, Dr. Fischer believes in the great value of photographic and color plates to express the true nature of disease. Plates are used very freely throughout the work, forming a valuable feature of the book.

BOOK NOTES

A few of the good things in McClure's Magazine for August are: "The Great North Road," illustrated, by Mary S. Watts; "The Confession and Autobiography of Harry Orchard; "The Physiognomy of Lincoln," illustrations from photographs, by Truman H. Bartlett; "The Power of the Dog," by M. Gauss; "Can Americans Afford Safety in Railroad Travel?" by Carl S. Vrooman; "The Problem of the Broken Rail," by Dexter Marshall; "Mary Baker G. Eddy," by Georgine Milmine.

Some of the articles in the Cosmopolitan Magazine for August are: "The New Prosperity," by Harold Bolce; "Luxurious Newport," illustrated, by Cleveland Moffet; "Doc Peets's Error," illustrated, by Alfred Henry Lewis; "Rockefeller on Opportunity in America," illustrated with a portrait; "The 'Pen'," illustrated by Jack London; "The Higher Photography and Art," by F. Benedict Herzog; "The Liberating of San Francisco," illustrated, by Edward H. Hamilton, William H. Langdon, and Joseph J. Dwyer; "An Interview with Mrs. Eddy," illustrated, by Arthur Brisbane.

The August Everybody's is a midsummer number, bright with color and offering an inviting spread of short stories for vacation days. Under the title, "Where Did You Get It, Gentlemen?" Charles Edward Russell prepares to investigate the sources of some of our "swollen fortunes," beginning in this number with an account of the rise of Thomas F. Ryan. The series promises to stand high in the list of sensational financial articles that have appeared in this magazine. The fiction feature of the August number is an exquisite Japanese story called "White Iris," by Mary Fenollosa, illustrated in color. Booth Tarkington writes amusingly on "Some Americans Abroad," and an anonymous biography called

"The Husband of a Celebrity" is delightful reading.

The August American Magazine is a story number from beginning to end. Even the leading article by Lincoln Steffens is a story. It is an account of the early life of Francis J. Heney, the man who has prosecuted "Abe" Ruef and Mayor Schmitz in San Francisco and the land thieves in Oregon and elsewhere. Mr. Steffens describes Heney as "a fighter who has fought, not only for his own life, but for his principles." In this first article of his new series Mr. Steffens takes up Heney as a fighter for his own life in the wild west. The stories he tells are exciting, and, in some instances, blood-curdling. David Grayson writes a character sketch of a country doctor. Ray Stannard Baker tells more stories of the white man and the negro in the black belt of the south. "The Interpreter" tells the inside story of the making of Roosevelt.

Leading articles in The World-To-Day for August, are: "Is International Arbitration Practicable?" by William Lindsay Scruggs; "The National Drainage Problem," illustrated, by Guy Elliott Mitchell; "Guaranteeing a Nation's Milk," illustrated, by W. S. Harwood; "Women in Politics," with portraits, by Annie E. S. Beard; "The Congressional Tour of the Hawaiian Islands," illustrated, by Alexander Hume Ford; "TheConfederate Reunion," illustrated, by Gustavus C. Widney; "By Way of Dead Horse Gulch," illustrated, by David Brandon; "Silhouettes of Life," by William Hard; "The Village Theatre," by Elizabeth McCracken; "Charles S. Mellen: the Railroad Lord of New England," by Frederick W. Coburn; "Enrique Creel, Mexican Ambassador to the United States," by C. H. Forbes-Lindsay; "Fannie Bloomfield Zeisler," by Wallace Rice; "The West and the President's Public Land Policy," illustrated, by Francis Perry Elliott; "Inducing Swedes to Return to Sweden," with portraits, by Louis G. Northland; "An American Dinosaur for Germany," illustrated, by Walter L. Beasley.

Our readers will be interested in the announcement that Dr. Herbert Leslie Burrell, president-elect of the American Medical Association, has in preparation quite a pretentious work on surgery, which the Philadelphia publishers, P. Blakiston's Son & Co., will bring out. The book is to be complete in one royal octavo volume, well illustrated, and,

DR. HERBERT LESLIE BURRELL

needless to say, well and authoratively written. Dr. Burrell has lived in Boston all his life, being born there April 27, 1856. He was educated in the schools of that city and was graduated from the Medical Department of Harvard University in 1879. After a few years in practice, desiring to take up the teaching of others in the principles and details which he had mastered, he became, in 1886, a demonstrator of surgical technic in Harvard University. He soon proved that his liking for this field of work was founded on a fitness and thorough preparedness for it, and

he advanced in the faculty until he now holds a full professorship in clinical surgery, which at Harvard is a life position. In addition, he has given the systematic course lectures in surgery for many years. He is now senior visiting surgeon to the Boston City Hospital and surgeon to the Children's Hospital, as well as consulting surgeon to the Carney Hospital. For a number of years he was secretary of the American Surgical Association and is still a member of that body, as well as of the American Society of Clinical Surgery, the Boston Society for Medical Improvement, the Boston Society of Medical Science and the American Association of Pathologists and Bacteriologists and other bodies. He was connected with the Massachusetts Volunteer Militia for many years, finally becoming Surgeon-General of Massachusetts in 1893. Taking charge of an office which needed reorganization, he established a model system and won much praise for his conduct of the medical affairs of the militia. In 1898 Massachusetts sent a hospital ship, the Bay State, with her troops to the Spanish-American War, and Dr. Burrell showed himself an efficient surgeon in charge. Another indication of his power as an organizer was as chairman of the Committee of Arrangements for the meeting of the Association in Boston in 1906. He gathered about him an efficient corps of assistants, all of whom worked together under a most remarkable system, each subcommitteeman being inspired by the masterful chief at the head to do his utmost for the perfection of the preparations for the meeting of the association. The success in every detail, the harmony among this vast number and the elaborate preparedness for the meeting were subjects of remark by all who attended the Boston session.

As a surgeon and an educator Dr. Burrell stands very high. He was one of the first to make a successful ligation of the innominate artery. Others had reimplanted parts of trephine buttons, but Dr. Burrell was the first to reimplant successfully a whole one. He has spared no pains to perfect his technic. In medical education Dr. Burrell has pronounced views. As the head of the association he may be expected to speak with no uncertain voice. He thinks that the public is entitled to good surgery. He has urged a retiring age for the surgeon, and on the other hand has called attention to the danger involved in one's taking up surgery after only a few weeks' service in a clinic or postgraduate school. He has favored increasing the elective work in the fourth year, and established a system whereby students serve as clinical clerks and surgical dressers during the senior year. This system has been looked on as a basis for similar work in other institutions. Another matter in which he was a pioneer was the establishment of an ambulance corps; he urged this in 1866, and Massachusetts was the first state to realize this important feature. Massachusetts thus became the entering wedge, and the ambulance corps has been established in other states as a consequence.

Although the events of recent years have been responsible for the extirpation of a number of unscientific, fraudulent and mushroom-growth special preparations, none of the established preparations will fade away until better arguments than "cheaper" and "just as good" are produced.—Albright's Office Practitioner.

I consider bone dressing (decalcified cancellous bone) a scientific, useful and almost fascinating application in the treatment of ulcers and open wounds generally.—Stevens, Practitioner.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Ichthyol ointment, 20 to 25 per cent, is perhaps the most useful single ointment medicament in aborting early superficial inflammation, infections, boils and so forth. The addition of a few drops of oil of citronella to the ichthyol ointment robs it of its disagreeable smell.

* * *

"To give an anesthetic properly is all one person can do, and he who undertakes to learn surgery at the same time makes a serious mistake. It has been my privilege to instruct several in the administration of anesthetics and I must say that nurses become the most proficient in this line of work. They do not aspire to be either a surgeon or an assistant surgeon. Hence it is not difficult for them to give their undivided attention to the anesthetic. I am sure that the time is not far distant when nurses will be looked upon as best fitted for the administration of anesthetics. One derives little or no benefit from text-books and while one should be competent in the theoretical part of this important work there is nothing so helpful for the anesthetist as the hard school of experience."—Alice McGaw, Mayo's anesthetist.

* * *

The writer has on several occasions maintained that the correct making out of bills and the proper and successful collection of the same is the most scientific part of medicine. That our bills are large enough and not too large, little enough and not too little, that they work no hardship on the patient or on ourselves, or our confreres, that we charge as much as our patients will and can pay cheerfully and continue to employ us and that we do not charge less than other doctors in our neighborhood thus degrading medicine by underbidding, one of the most disgraceful of things, to do this properly and get what we want when we want or need it is scientific. Along this line is a very valuable paper read before the Cincinnati Academy of Medicine by G. Strobach, M. D., of Cincinnati, and published in the Lancet-Clinic, January 14, 1907. The following are his concrete conclusions.

Did it ever occur to you?

That gratitude decreases in inverse ratio with the lapse of time following the beneficient act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an inquiry is brooded over, making the resentment stronger with the years?

That short accounts make long friends?

That you gain only your patients' contempt for your business methods when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most business-like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you pluck the permission of professional success?

That it is better to make six two dollar visits a day than a dozen dollar visits?

That the world is prone to accept you at your own valuation, and if you think yourself cheap the world will do likewise?

MISCELLANY

THE RATIONAL TREATMENT OF TYPHOID FEVER

By William A. Hobday, M. D., Louisville, Kentucky.

The experience of more than twenty years of typhoid fever treatment, without a death which could be ascribed to the disease itself, prompts me to offer to the profession the formula and method I have used, believing that a general adoption of my plan of treatment would be in the interest of humanity and the means of saving many of the lives now needlessly sacrificed.

My method corrects the cerebral disturbance, produces diaphoresis and diuresis, assists digestion and assimilation, stimulates and tones up the infected and enfeebled alimentary tract, acting also as a germicide and intestinal antiseptic, the latter being the only therapeutic action and result claimed by any of the so-called abortive or specific treatments offered to the profession.

Take, for instance, a case presenting symptoms of typhoid, afterwards proved by Widal reaction and specific germs of Eberth found in the feces. There may be an initial fever ushered in of 103° F., which in spite of our administration of therapeutic agents, will soar the next day to 105° F. or higher, but it will be only like the expiring flicker of a candle and will from that point go steadily down to normal. There will be no need of cold baths to reduce temperature; the destruction of the germs and elimination through the pores of the skin does that. Sponging with tepid or warm water for toilet purposes and changing of the perspiration soaked sleeping garments being all that is necessary.

I could prolong this introduction by the recital of experiences during epidemics or endemics and the exhibition of temperature charts, but I prefer that the method should be judged by the results obtained.

The diet should be fluid for the first three or four days, such as beef tea, clam broth, trophonine, milk and large quantities of boiled water, cooled by ice, placed on the outside of the container but not into the drinking water. After the first three or four days, tender beef steaks and mutton chops can be given to the patient. No alcoholic beverages of any kind should be allowed during this treatment. Of course an emergency dose of spiritus frumenti might be administered in case of cardiac collapse, in order to save a life, when no other or better means were available.

As before stated, a cold bath to reduce the fever should never be given. Change the sleeping garments when wet with perspiration, which should continue, and no effort be made to check it.

If all cases of so-called grippe and bilious fever are treated as herein directed, there will be no sordes on the teeth or rose spots to be observed on the breast and positive diagnosis of typhoid fever without Widal reaction and microscopic examination of the excreta will be a rarity.

It was formerly my habit to combine saccharated pepsin with every dose of medicine administered to the patient to relieve the stomach and digestive organs, but in 1894 I found that peptenzyme had a more prompt effect, and I have used it in every instance since that time and have felt very grateful to the manufacturers for this preparation of the enzymes.

By the treatment now following I am able to demonstrate that typhoid fever

instead of being the most dreaded of diseases, can be modified and reduced to a very mild enteric type.

In all cases first administer

℞ No. 1.

Hyd. chlor. mite...gr. x. .. .65
Peptenzyme .....gr. x. .. .65
Misc. et div chart no ij.

Sig: Place powder dry on tongue; follow with a little water. Repeat in two hours and give pil. aloin, gr. 1, with second dose.

℞ No. 2.

Pot. bromidi .....ʒss. ..15.60
Chloral .....ʒij. .. 7.80
F. E. ergotae.....ʒij. .. 7.80
F. E. hyoscyamus...ʒij. .. 7.80
Elix. peptenzyme .....
.....q. s. ad..℥vi. .187.20

Sig.—Dessertspoonful in a little water every three or four hours to control cerebral symptoms, when needed.

℞ No. 3.

Peptenzyme .....ʒiv...15.60
Phenacetin .....ʒij. .. 7.80
Antifebrin .....ʒij. .. 7.80
Guaiacol carb. .....ʒij. .. 7.80
Pulv. carbo-ligni ...ʒij. .. 7.80
Powdered podoph, gr. ij. .. .13
Misc. et div chart No. lx.

Sig.—Give one powder every hour first day. Give one powder every two hours second day. Give one powder every three hours third day. Give one powder every four hours fourth day, continuing every four hours while awake if the temperature is reduced and controlled; otherwise repeat the aobve schedule.

℞ No. 4.

Cocaine mur.....gr. v. .. .33
Elix. ferri quinia et strychnia
....℥iv. .. 124.80
Elixir peptenzyme, ℥iv. .. 124.80

Sig.—Teaspoonful three or four times daily as a tonic and reconstructive when the temperature has reached near the normal point.

The bowels should be kept regular with pil aloin, gr. 1, and sleeplessness can be controlled by an occasional dose of prescription No. 2 given at night.

If the above mentioned prescriptions, numbers 1 to 4 are carefully administered the concensus of opinion will be that medical treatment combined with nutritious diet and not the "extraordinary good nursing" (which goes without saying) may be credited with the cure and shortening of the disease.

TYPHOID FEVER

By W. T. Marrs, M. D., Peoria Heights, Illinois.

Every physician who has had the good fortune to turn a few dozen cases to a successful termination naturally becomes wedded to his particular routine of treatment or management. If he has not a single death recorded against him he is inclined to become a little conceited and to think that he has a corner on all the knowledge and that probably his competitors are all wrong. There is no line of treatment that will save every case, for some people simply get sick to die and the typhoid route occasionally happens to be the one chosen in such cases. There are types of the disease in which toxines rapidly and effectively overpower the nervous and life centers and death is inevitable. There is also a type in which the psychic element defies any attempt to unravel it and, as above stated, the person comes down to die.

But on the whole, typhoid fever is a preventable disease, or curable if it becomes manifest. "Curable" in this sense does not relate to the specific action of drugs. The treatment I shall briefly outline has been successful with me. For ten years I lived and prac-

ticed in a community where typhoid was very prevalent, and during all those years I had only three fatalities. If one-half of them had died I would as willingly state the facts, as I am not seeking any self-aggrandizement. Elimination from every excretory function is with me the watch-word. Some of our text books state that the bowels may go confined several days with no detriment to the patient. This I do not believe. Calomel and soda in one grain doses of each should be given at the very onset of the disease and followed with salines until the bowels are in a fair measure clean. After that small doses of the mild chloride should be kept up to keep the secretions active rather than for its laxative effect. Its action as an antiseptic and as an hepatic stimulant is a matter of no little importance. Calomel acts upon every gland that secretes a fluid. The effect upon the glands and follicles of the intestines where the seat of the disease is usually located is salutary. The bowels should act from two to four times during the twenty-four hours. Salines accomplish this better and more effectively than anything else. Their effect upon the serous coat of the intestines is to some extent hygroscopic and the bowels are literally "wrung out" and effete matter washed away. Abbott's saline laxative requires less amount than any I have tried and this salt is retained by the most delicate stomach. There is one indication for giving castor oil. If there are hardened feces in the bowels oil will prove serviceable. A course of castor oil or olive oil will in time melt any scybala that may be lodged in the angles of the bowels. In general, salines will give more satisfactory results. A few years ago the cold bath was a routine measure, but it is a conservative statement to say that it has not made good. Fewer physicians give the cold bath than formerly. If hyperpyrexia exists we are inclined to think at once of cold in some form. We are rather disposed to want to kill the fever instead of going after the cause upon which the excessive temperature depends. In such cases here is the remedy that I have found most availing: Use the colon tube and a generous quantity of soap suds and castor oil, ending up with plain warm water and lastly, cold water. The latter may have some mild antiseptic added to it if it is thought desirable. A lavage of this sort will usually bring away a mass of feces and debris that the cathartics have not reached. The fever now will be very likely to drop. If it does not, continue to flush the bowels with cold water until it does come down. Cold water administered thus, internally, accomplishes better and more lasting results than when used externally and does not jeopardize the life of the patient. There may remain spots in the bowels that are still foci of infection and intestinal antiseptics (W-A) should be given. The sulphocarbolates will complete the work.

Do not starve the patient. A tolerably generous dietary is permissible if elimination and secretion be thoroughly maintained. The patient should be offered a drink every hour in the day and every two or three hours during the night. He should be made to sleep abundantly. Hyoscine, codeine or some sedative that is not too damaging to the secretions may be used, if necessary, to enforce sleep.

We have a good many drugs that may be of service in this disease to meet new symptoms or complications, but these untoward conditions will seldom occur if the case has been well managed from the start. Turpentine is one of our best remedies for hemorrhage and meteorism. Severe hemorrhage calls for morphine or laudanum. There might be a great deal said concerning drugs that should not be used to excess. Strychnine should not be used "to sustain the heart." It is only an emergency remedy in this disease. Quinine

is useful only when there is a malarial element and otherwise does harm. Acetanilide has no place in typhoid. Only a few remedies are required but they should be used thoroughly.

IODOMUTH AS A SURGICAL DRESSING

By W. T. Marrs, M. D., Peoria Heights, Illinois.

We have, at times in the past, been over-zealous in our crusade against bacterial infection and quite often antiseptics of powerful strength have been employed. We sometimes lose sight of the fact that in the process of killing germs we may at the same time be inhibiting normal cell proliferation. Many agents of this class have been used in a strength that has not only arrested bacterial action but has had a devitalizing effect upon healthy tissue. Carbolic acid has its dangers as we are fast finding out, and bichloride of mercury is far from being free of danger. The iodoform class of remedies has proved quite efficient, although possessing certain disadvantages, not the least of which is the disagreeable odor. I have regarded it a dependable antiseptic and wondered whether there would not be evolved a benign succedaneum for it. I think we have it in iodomuth. A sample of this remedy fell ino my hands recently and I decided to try it, as the formula "looked good" to me. It is a bismuth preparation and contains twenty-five per cent of iodine. It is antiseptic and sedative as well as stimulating and hemostatic. However, it is non-irritating and may be applied with impunity to a denuded surface. Its toxic qualities are not great but its bactericidal action is sufficient to make it an ideal dressing for ordinary surgical conditions. The following are cases and conditions in which I employed iodomuth:

Carbuncle on the neck of an old man. Discharging putrescent matter very freely. Syringed out the tumor with H_2O_2 twice daily and kept it insufflated with iodomuth. The recovery was prompt and very gratifying to the patient.

Septic inflammation on the leg of a boy aged ten. It started as a cut from a barbed wire and became poisoned from wading in wet weeds. Limb became much swollen and angry looking with disposition to "weep." Had the parts bathed in hot alkaline water three times a day and kept it sprinkled generously with iodomuth. The recovery was good and prompt.

Balanitis. This was a very severe case owing to neglect. It had the appearance of a syphilitic necrosis. Ordered the penis bathed in hot water two or three times daily and iodomuth to be kept applied all the time. The man was well in a week.

A small ulcer on the rectus muscle just below the navel. Was of nearly a year's standing and previous treatment had been unavailing. Applied peroxide of hydrogen twice daily and used the powder named above. The sore healed kindly.

Burn. A suppurating line on the forearm of a young lady resulting from having come in contact with a hot skillet. The wound did not show a disposition to heal. Brushed the parts with alcohol and applied iodomuth. The arm was well in a few days.

A baby four weeks old had a navel that was sloughing and not at all inclined to dessicate and heal. Moist dressings were at first applied, but they did not prove of any value. Iodomuth was used as a dusting powder and the wound healed in a few days.

Cabot says there are but three long, common, continued fevers in New England—typhoid, tuberculosis and sepsis.

THE GASTRO-INTESTINAL AILMENTS OF YOUNG CHILDREN

By H. B. Brown, M. D., Waukegan, Illinois.

As the hot weather approaches the usual number of cases of gastro-intestinal ailments will confront us and if we be not alert the same mortality of old will occur among our little patients of one and two years. The keynote to success in the management of these cases is to see that correct feeding is enforced and to keep the alimentary canal as clean and nearly aseptic as is possible. If this be done much suffering can be obviated and many little lives saved.

Every medical man these days is capable of giving correct advice on infant feeding, the care of bottles, accessories, etc., if he will only take the time and trouble to make the mother understand how important it all is. The doctor's suggestions on this matter are too often regarded as simply platitudes and not thought of seriously until the child is in the throes of a severe illness. The following clinical reports are illustrative of my usual method of handling the more common, but serious, gastro-intestinal diseases we meet during the heated season.

Ethel G., aged ten months, suffering from cholera infantum; bottle fed. Was passing watery stools every few minutes. Temperatjure had been considerably elevated, but was now slightly abnormal. Mouth and tongue parched. Considerable emaciation and a scaphoid abdomen. Circulation weak and respirations labored. In fact, an extreme prostrate condition.

Treatment: I put four ounces of glyco-thymoline with eight ounces of water and gave it as a high enema, causing it to be retained as long as possible. This was repeated every hour or so until the bowels were thoroughly cleansed and the stools diminishing in number. Gave one-tenth grain of calomel every two hours until the discharges showed the characteristic greenish color. Also gave the following:

℞

Elixir lactopeptine .....ʒij.
Glyco-thymoline .....ʒij.
Oil peppermint .....gtt. j.

M. Sig.—Twenty drops every hour. After eight hours the child was able to take nourishment and retain it. This consisted of cold pacteurized milk diluted with an equal portion of lime water. Child was given all the cold water and lemonade she wanted. She made a good recovery.—Medical Summary, July, 1907.

PENAL CODE STATE OF NEW YORK

Section 401 of the Penal Code has been amended so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article

other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist, or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified for engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

Section 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions, civil or criminal, instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

Section 403. This act shall take effect September first, nineteen hundred and seven.

GENERAL ANESTHESIA BY HYPODERMIC METHOD

The rapidity with which the Abbott-Lanphear method of anesthesia has advanced in the confidence of the profession is unparalleled. The method is simple, easily used, requires less assistants in surgical operations, is acceptable to the patient, is remarkably free from danger; is devoid of after effects to a greater extent than inhalation anesthesia, is recovered from promptly and can be adjusted to nearly all patients. Its most marked influence is in the showing of the respiration, which is apt to alarm those who have not proven that no harm results, the respiration being that of deep sleep. The use of hyoscine instead of scopolamine is a great improvement on the original method, and the introduction of this substance, by Dr. Abbott, and of cactus in the form of cactin in the compound, hyoscine, morphine and cactin compound (H. M. C. Abbott) has added a safeguard which is invaluable, and which in time will be fully appreciated. Abbott has the confidence of the profession because he makes good. On his presentation it was promptly tried and another success is scored.

The stomach may revolt against the common epsom or rochelle salts of commerce, but I obviate this by giving the Abbott saline laxative, which is both palatable and benign in its action on the stomach.—W. T. Marrs, Med. Coun.

Many good observers find cactus a useful remedy, and there is a notable unanimity about the action of the drug, and the cases in which it is of value; until it is necessary to oppose its use with hyoscine, etc., as an anesthetic, and then cactus suddenly becomes "inert."

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X SEPTEMBER, 1907 No. 9

Leading Original Articles

A REVIEW OF SOME OF THE VARIETIES OF ALBUMINURIAS

By J. W. Crismond, M. D., Anderson, Indiana.

It is no mean waste of time when applied to the review of a subject that has for its purpose a clearer elucidation of some of the causes and effects of albuminuria.

The clinical value derived from a knowledge of their various causes or origin, will prevent us from making mortifying diagnostic errors, in assigning to the presence of albumen in the urine important significance which does not belong to it. And again, it will teach us to place the proper value to its presence.

Albuminuria is present in the urine in many conditions of the system, and in some instances its pathological bearing is of great significance. Whenever its presence is manifested in any morbid condition, its clinical value should be ascertained.

The clinician will add to the clinical data his chemical and microscopical findings, scrutinizing and comparing the value of each, especially the revelation of the instruments of precision, to determine with accuracy the relation of each to some pathological condition.

To perform this task satisfactorily, the physician must be thoroughly equipped in the knowledge of the causes pertaining to the various forms of albuminuria; also he must possess more than superficial skill in clinical, chemical and microscopical technique. He must have a practical knowledge in the use of instruments of precision and also he must possess a comprehensive knowledge of the pathology of albuminurias.

The dicta of Roger, Purdy, Von Jaksch, Osler and many other honored names of the medical profession, should be the morning, noonday and evening chimes, peeling forth in dulcet notes their golden truths from Memory's Castle.

Roger has declared: "The study of the urine, in reality, should never be passed over; it affords the physician indications of the highest importance."

The late Dr. Purdy wisely said: "Whenever in the economy pathogenic processes seriously disturb nutrition or normal metabolism, the results are recorded in the urine, because the urine more eminently than any other secretions, represents the equation of these changes."

Von Jaksch calls attention to the fact that "Serum albumen in notable quantity is never found in healthy urine."

Dr. Osler asserts that "Albuminuria frequently occurs in men in the fifth and sixth decades and is not always serious."

Musser affirms: "Albuminuria is of common occurrence, but can not ever be looked upon as a normal constituent of the urine, though its presence by no means indicates disease of the kidneys."

That this is true is evidenced by the appearance of albumen in the urine of certain individuals after a protracted mental effort or excessive muscular exertion, and in some individuals this is especially so, after ingestion of certain kinds of food.

In subjects of this class applied prophylaxis will often prove the wisdom of the old adage, that "An ounce of prevention is worth a pound of cure."

The source of false albuminuria is attributable to several causes, such as blood, pus, or both, or albuminous fluid, eminating from some portion of the urinary tract below the kidneys.

Then, again, it may find its origin in venous stasis, mechanical or chemical irritants, or it may be due to traumatism, the effect of passage of renal calculi, abscess, benign or malignant growths.

The febrile form of albuminuria is the sequela of many infectious diseases, and is attributed to prolonged hyperpyrexia, increased blood pressure and the resultant changes in the constitution of the blood, which so interferes with the diffusibility of its albumen as to permit it to pass into the renal tubes. The most notable fevers that favor albuminuria are typhoid fever, variola, erysipelas, rheumatic fever and the fever that results from vaccination, pneumonia, diphtheria and acute tonsillitis.

Gouty subjects, especially elderly persons, are prone to albuminuria. The urine of such persons is usually dense and contains an excess of urea and toxines which interferes with the plasticity of the serum of the blood.

The albumen is sometimes doubtlessly due to the irritating effect of crystalized uric acid in its passage, wounding the epithelial cells of the tubules.

It has been demonstrated that the albumens of the serum have been considerably diminished in severe anemias, but in most severe infectious diseases they are but slightly reduced and bear a fairly constant relation to the other solids of the serum. However, in all degeneracy of the blood plasma, from what cause so ever, especially such, for instance, as dysaemia and haematodyscrasia, haematogeneous albuminuria is ever present.

Adolescence and cyclic forms of albuminuria are chiefly interesting because of their history rather than any pathologica limportance that attaches to them.

Adolescence albuminuria, as its name implies, is a condition met with in youths, with a predilection for the masculine gender. Its pathological significance is but small moment, unless the quantitative output is large, or of protracted duration. Attention should be directed to the heart, nervous system and diet.

The cyclic form of albuminuria is intermittent and paroxysmal in its behavior. Its remote cause is to be found in a peculiar neurosis that manifests its disapproval of a breach of a physiological law, by bringing about a temporary change, under stress of nervous excitation, in the vascular walls so as to permit the transudation of the albumen. The immediate cause lies in disobedience of physiological law, such as irregular hours of rest, intemperance in diet and drink, excessive venery, a wave of passion, excessive intellectual work, grief and inordinate worry.

It is here that grave error is liable to intrude itself in the diagnosis because of the presence of albumen in the urine. Of all the forms of albuminuria, this one is the most frequently met by the phy-

sician, and it has been the bone-heated contention from a diagnostic point of view, as to which one of the two organs, the heart or the kidneys, were the seat of the disease. Nor need there be any surprise because of such dissension when we consider along with cardiac lesion comes apace renal involvement, in many instances.

In closing this article we wish to call your attention briefly, and in a very casual manner, to some of the less frequent and of minor important causes of albuminuria.

These causes include any substance or condition which might bring about a temporary or a permanent change in the constituents of the blood. The cause may be local in effect or systemic and general in its action and effects, such, for instance, as the pressure due to pregnancy, compression of a limited vascular area of tumor, etc., grave anaemia, leukaemia, scurvy, mercury and syphilis.

THE SURGICAL COMPLICATIONS AND SEQUELAE OF TYPHOID FEVER

By Charles C. Miller M. D., 70 State Street, Chicago, Ill.

(Continued from Page 253 August Recorder)

In the preceding article mention was made of the importance of maintaining the circulation. The most certain means of maintaining the circulation is by keeping up the nutrition of the patient. The feeding of the patient should constantly be watched. Overfeeding is usually indicated by fermentative processes within the intestines and tympany. If intestinal antiseptics will prevent tympany or overcome it when present the feeding should be kept up. If the excess of gas within the intestines persists then the character of the diet must be changed or the amount cut down. The convalescence of the patient whose nutrition is maintained is certain to be much more rapid than that of the patient who is kept on a starvation diet.

Where the nutrition is maintained as well as possible and the pulse rate persistently increases in frequency and the heart's action diminishes in force, stimulants should be used, and here the judgment of the practitioner in the individual case is the best guide. The practitioner should use in his typhoid cases those stimulants which he has found most satisfactory and with which he is best acquainted.

As the circulation fails the tendency for the formation of clots within the heart cavities and within the vessels increases. This tendency is further increased by high temperature and is one of the reasons for preventing the persistance of the temperature much above the normal. Venous thrombosis is likely to be followed by phlebitis. Inflammation of the veins with subsequent interference with the circulation results in a distressing complication. The arterial circulation may be checked by the presence of a clot or an occlusive arteritis may act in a similar manner, and the process or processes continue until gangrene of a limb develops.

When the circulation is cut off slowly dry gangrene occurs. In this state we have the process beginning at the very extremity and gradually extending. When the entire blood supply is suddenly withdrawn from the part the limb may fall into sudden ruin from moist gangrene.

Amputation must follow the development of gangrene of the extremeties. The surgeon should await the formation of a line of demarcation. Gangrene may seem inevitable but not develop. The circulation should be kept up and the limb elevated and protected when swelling occurs as the result of either arterial or venous obstruction. The parts should be kept scrupulously clean and antiseptics used freely over the gangrenous tissues. Gangrene of the female genitals is more common than gan-

FIGURE 1

FIGURE 2

Figures 1 and 2—Illustrating conservative amputations through the foot following typhoid gangrene. As mentioned in the text, unless septic intoxication or prostration is marked the surgeon should await the formation of a line of demarcation.

FIGURE 3

Figure 3 illustrates a method of amputation through the middle third of the leg. This is the site of election in amputation through the leg as it leaves a stump favoring the fitting of an artificial leg.

FIGURE 4

Fig. 4—Manner of closing after amputation. Drainage tubes should be used unless the operation is a perfectly clean one and the amputation is well above the gangrenous tissues.

grene of the male genitals. A recto-vaginal fistula may form in the female.

Suppurative arthritis may occur during the latter stages of the febrile process. Arthritis is not necessarily suppurative. Bed sores predispose toward the development of various suppurative complications and such should be guarded against and prevented whenever possible. Bed sores should be kept thoroughly clean when they do form.

A serous arthritis may develop at the hip joint and the practitioner be surprised by finding a dislocation exists. If the patient complains of any pain about the hip an examination should be made to ascertain whether or not a serous effusion exists. Abduction and external rotation of the thigh favor the retention of the head of the bone in place and as soon as any signs of arthritis develop the limb should be retained in this position.

Suppuration demands drainage. Following suppuration anchylosis is not unusual, and this should be considered in making a prognosis. Periostitis may be seen years after typhoid. Periosteal inflammation is favored by injuries and the patient with typhoid should be handled carefully with a view of minimizing the tendency for the development of this condition. Periosteal conditions are of such importance as to merit a separate consideration and will be considered in the concluding article.

Meningeal and cerebral complications are seen as the result of typhoid. Parotitis and otitis media are also seen.

In rare instances perichondritis of the larynx occurs. The development of suffocative symptoms demands intubation or tracheotomy if the life of the patient is to be saved.

Pleuritic inflammations may result in serous or purulent collections and destruction of lung tissue occurs in some cases.

(To be Continued.)

TREATMENT OF ERYSIPELAS

By John Albert Burnett, M. D., Auburn, Arkansas.

There are many remedies recommended in the treatment of erysipelas and still it is considered a self-limited disease.

Lately veratrum viride has been highly recommended as a local remedy in facial erysipelas and there is no doubt but what it is very beneficial as it is said that veratrum is of value in various inflammations when used locally and that it will even abort tonsillitis when used locally—a few drops on the tonsils.

The local use of tincture of iodine is well known to all physicians and I think it is a very good remedy, especially where there is not a very wide area covered and in facial erysipelas

Alcohol and phenol are remedies of much value. The entire area and a short distance beyond mopped with phenol, until it turns white, and then alcohol is applied until it antidotes the effect of the phenol. This application is said to be very beneficial. Liquified phenol and tincture of iodine in equal parts has been used locally in erysipelas and although painful is very beneficial.

The local application of a solution of iron subsulphate has been used with good results in some cases. I have used it but have failed to see much benefit from it.

Sodium bicarbonate is highly recommended by some physicians but has failed to give good results in my practice. An effusion of lobelia herb is of benefit in some cases when it is used with care. I find by actual experience that it will not abort the disease and that it has more effect when combined with sodium bicarbonate.

If the area of the disease is not too large it can be painted with flexible collodion and will often be beneficial, especially where it is desirable to exclude

the air as in many cases excluding the air will ease the pain.

A solution of silver nitrate is of value but still does not give as good results as it looks like it should considering the local use of this remedy in many other conditions.

The bichloride of mercury solution is used by many, but, like nitrate of silver solution, it does not give the results that would naturally be expected by those who are familiar with its therapeutic value in other diseases.

One writer claims good results by wetting the parts affected and the edges some distance beyond with coal oil and then varnishing them with varnish. This is a treatment that deserves attention.

Mud poultices, when made of clay, is a method of much value but not a very popular treatment.

The white of an egg beaten into a froth and applied on a cloth, is said to be excellent in any case of erysipelas.

I know a physician who claims to be able to abort the disease by the following mixture: Chloroform and oil of sassafras, each one part, and castor oil two parts. Mix and apply over the diseased parts. It is claimed that this will ease the pain at once.

Acetate of lead is an old remedy for erysipelas but one that I would not consider to be of much value.

Slippery elm mucilage, applied locally, is of some value, especially if a better remedy is not at hand as is often the case.

Equal parts of olive oil and turpentine is said to be of especial value applied locally.

Several thicknesses of plain gauze, say ten or fifteen thicknesses, wet in a solution of magnesium sulphate solution, one ounce to a pint of water and kept wet, is a very important application in most any form of erysipelas. If desired it can be hot.

The local use of hot water is of great value, or what is better, put the parts in hot water and keep them there. It is claimed that it will abort the disease, and I am of the opinion it will do so if properly carried out.

The hot air apparatus is an important thing in the treatment of erysipelas and is an abortive treatment in sthenic cases. The value of super-heated air in the treatment of erysipelas should be kept in mind by those who have the apparatus.

The local application of ichthyol and its combinations are well known to all physicians and have some value.

Local applications of boric acid are of value, especially when applied hot and kept renewed often enough.

Carbon disulphide is a remedy that would no doubt prove to be of value in erysipelas. It could be used alone or in combination with alcohol and chloroform. Carbon disulphide is a valuable analgesic and would no doubt prove useful when used locally in erysipelas

The late Dr. Ben H. Brodnax claimed that three ten grain doses of calomel alternated with three twenty grain doses of potassium nitrate had aborted all his cases of erysipelas inside of twenty-four hours. He gave a dose every half hour beginning with the calomel. Give the niter in about two ounces of water. This drastic eliminative treatment not only aborts erysipelas, but various other diseases.

Dr. W. F. Waugh, of Chicago, Ill., cures all of his cases of erysipelas of the asthenic type, with tincture of iron and all of the sthenic cases with pilocarpine. Of course super-heated air is a complete substitute for pilocarpine where an apparatus is to be had. In facial erysipelas Dr. Waugh gives pilocarpine every hour in sthenic cases until sweating appears and then leaves the remedy off for a day, and if the eruption continues the treatment is resumed. In asthenic cases the tincture chloride of iron in thirty-drop doses is given every four hours and nourishment crowded.

Rhus tox. is used in some cases of ery-

sipelas and various other remedies as iron salicylate, locally. Chloral, bromides and opium are given for restlessness. Double sulphide, internally, is Dr. W. H. Burgess' remedy. Further information can be found in my article, "Erysipelas," January, 1907, Therapeutic Record, and my article, "Treatment of Erysipelas," October, 1906, Medical Summary.

SEASONABLE REMARKS

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

The changeable weather of the past month and the few days of the present month should remind us of the necessity of guarding against the usual train of bronchial, lung and throat disorders, as the changing from cold to warm weather has less deleterious results than the changing from warm to cold.

In acute chorea, gelsemium is the indicated remedy It is usually given in full doses and in severe cases it may be given until its characteristic effects are induced. Cimicifuga may be given in conjunction with it if the cold is general and there is muscular aching and soreness.

A superb remedy for coryza in its early stage is the salicylate of sodium in fifteen or twenty grain doses, repeated two or three times at intervals of two hours. Its action is specific if the frontal and supraorbital pain is well marked, with extreme fullness of the head. Ten to twelve drops of the tincture of the chloride of iron well diluted, given every two hours, in many cases of sudden cold, especially in men who have been exposed to sharp cold and wet, will work very promptly and satisfactorily. The inhalation of camphor gum is excellent for children. Euphrasia, for infants, is a specific remedy. Many children in furnace heated houses will have a hoarse, bronchial cough with the first cold weather. With many it will closely resemble the hoarse ringing cough of croup. Bryonia is the indicated remedy, if the cough has continued until fever is present, but if there is no fever no remedy will be more effectual than two or three doses of specific ipecac. If given at once, it should abort most of the cases in a few hours. The sudden change of temperature with the dry, irritating heat of a furnace and poor ventilation, will cause these coughs to recur during the winter in some families, all the young children being afflicted.

With all the suggested improvements in the treatment of bronchitis and pneumonia in the past few years, nothing has given better results than the methods of our school, followed for the past many years. With all of our physicians who are not constantly experimenting with some new remedy, the mortality is less then two per cent in marked contrast to the official hospital reports of from twenty-five to forty per cent. The method is remarkably successful with children.

The chest is covered with a poultice of meal, or a hot compress for the first twenty-four hours, or in children the larded cloth with compound lobelia powder upon the chest, in all cases to be replaced with a covering of warm cotton or a cotton jacket. In every case the air of the room should be kept full of moisture. For internal use in the first stage we have aconite and belladonna in one prescription alternated with bryonia and ipecac in another prescription; the doses are small and are given every half hour with infants, and every hour with adults. The results are marvelous. After the first stage is past and resolution is progressing, we give tonics as indicated. Digitalis or cactus is indicated in feeble hearts, hyoscyamus for restlessness and delirium, ergot in passive congestion, and stimulants in the first stage of convalescence.

With this course carried out properly violent measures are never indicated.

Bleeding is barbarous, and unwarranted, and a cold bath or cold to the chest are absolutely criminal, whoever advocates them to the contrary notwithstanding A few patients may recover where such severe measures are used, but if those measures were generally adopted the deaths would be appalling.

Where the pulse is large, full and hard in the first stage, a few full doses of veratrum will sometimes work wonders.

ACUTE ARTICULAR RHEUMATISM

By R. J. Smith, M. D., Schenectady, New York.

The best evidence in regard to the causation of acute articular rheumatism seems to uphold the contention that it is a definite specific infectious disease, supposedly caused by the diplococcus rheumaticus, not at present distinguishable from the streptococcus pyogenes, but possessing special characteristics The point of entrance of the causative agent is most commonly the tonsils, a large percentage of all cases showing some involvement of these organs. The most serious complications are the result of involvement of the heart, lungs or brain, the disease rarely being fatal except through these complications. In children, especially girls, heart lesions very frequently follow mild rheumatic attacks. "Growing pains" are invariably rheumatic in character and relieved by rheumatic treatment. The heart lesion usually met with is endocarditis of the mitral valves. I have been accustomed when treating children for even simple complaints, to examine the heart, and wherever endocarditis was present, have determined by close questioning that the child had complained of leg or ankle ache one year or more previously, and this ache had been ascribed to "growing pains."

Chorea in children has often a rheumatic origin and choreic victims are frequently sufferers from chronic endocarditis. The serum treatment has not been received favorably. Aspiration of the joints is condemned. Intravenous injections of sodium salicylate have been advocated but unless given by those possessing the requisite experience and skill are liable to be followed by unfavorable results.

The salicylates still hold first plaec in the early treatment of the acute attack. Sodium salicylate should be given in large doses, 20 to 30 grains every hour or two in free dilution until relief from pain is obtained. At the same time to assist absorption of the salicylates and to neutralize acidity, give sodium carbonate in dram doses in large quantities of water, hot or cold, every hour until the urine is alkaline, and smaller doses to maintain alkalinity every two hours thereafter. Free elimination by the skin and bowels and kidneys is essential. Hydrotherapy will control hyperpyrexia. Usually, heat is better born than cold, but many cases are benefited by ice cloths to the painful joints.

Wrapping the joints in methyl salicylate (oil wintergreen) and absorbent cotton with gutta percha tissue to prevent evaporation is often of great benefit in relieving pain and swelling.

Even granting that acute articular rheumatism is an infection, alkaloidal treatment is just as effective here as in any of the acute diseases and active measures early in the attack mitigate the suffering remarkably. Many patients bear the salicylates badly, gastric irritation is pronounced, and in these other means not so drastic must be tried.

After elimination by calomel and saline laxative, amorphous aconitine is given in small, frequently repeated doses for the fever. If the case is sthenic, pulse full and bounding, with high tension, veratrine is indicated. These remedies are given always to effect. Salicylic acid or salicin, gr. 6,

is to be given freely, but is less irritating in small doses frequently repeated. Two or three granules should be given every fifteen minutes until some relief from pain is noticed. Aspirin in these small doses every fifteen to thirty minutes acts more thoroughly than in large doses at two or three hourly intervals. The free drinking of water is to be encouraged. These salts are antiseptic, preventing fermentation, and may act specifically on the causative factor. In plethoric cases, colchicine pushed to slight looseness of the bowels with aconitine for the fever, will produce rapid relief from pain. Elimination is increased through the kidneys, both urea and uric acid being increased.

The carbonates of calcium and lithium are most important remedies in this disease, neutralizing acidity and eliminating urea and uric acid.

Since many cases owe their inception to autotoxemic conditions in the bowels, and since all are materially influenced for the worse by autotoxemia, the use of the sulphocarbolates and other intestinal antiseptics in sufficient amounts to antisepticize the bowel contents and deodorize the stools, is an important part of any efficient treatment of this disease.

Calx sulphurata should prove useful in this form of sepsis, directed against sixth to one grain in granule every hour if nausea is not produced. It is harmless in any ordinary dose and given dosimetrically, may be continued for weeks without ill results.

Strychnine arsenate is given for the adynamia usually present. Atropine may be demanded to control excessive perspiration, but should be used carefully. Bryonin is useful in acute stabbing pains worse on motion; also in joint pains following acute rheumatism. Rhus tox is indicated in great nervousness, pain relieved by motion, with the invading organism. The writer has never tried this remedy in acute rheumatism other than gonorrheal, where it acts most efficiently, but granting the infectious nature of the disease, can see no good reason why it should not prove as useful in the former disease. The intense acidity of rheumatism should be neutralized first by heroic doses of the carbonate of soda, as calx sulphurata is liable to produce nausea and vomiting. It should be given to rapid saturation of the system by the intensive method, oneaconitine for fever, gelsemin to reduce sensibility to pain. It is diuretic and eliminant.

Apocynin is useful in some forms of rheumatism with dropsy from circulatory weakness. It is a cardiac tonic and valuable diuretic.

In convalescence, the tonic, triple arsenates of iron, quinine and strychnine are indicated to restore tone and counteract anemia. Salines should be continued throughout the attack and during convalescence.

GLYCERINE AS A SOLVENT

A. M. Ossendowski (Pharm. Zeit.) has determined the solubility of a number of chemicals in glycerine; the substances used in the experiments were all purified by recrystallization or distillation, and met the requirements set forth by Landolt and Boernstein.; 100 parts glycerin at 15° to 15.60° C. (say 60° F.) dissolved the following numbers of parts of the chemicals: Ammonium carbonate, 20.00; ammonium chloride, 20.60; barium chloride, 9.73; borax, 60.00; boric acid, 11.00; benzoic acid, 10.21; calcium sulphide, 5.17; copper carbonate, 10.00; copper sulphate, 30.30; iodine, 2.00; mercury bichloride, 8.00; oxalic acid, 15.10; phosphorus, 0.25; potassium arsenate, 50.13; potassium chlorate, 3.54; potassium chloride, 3.72; potassium cyanide, 31.84; potassium iodide, 39.72; quinine alkaloid, 0.17; sodium arsenite, 50.00; sodium bicarbonate, 8.06; sodium carbonate, 98.30; sulphur, 0.14; tannin, 48.83; zinc chloride, 49.87.—The Druggists' Circular.

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

(Continued from page 220 July Recorder)

INFANT FEEDING.

Continuing from July Recorder, will say that the milk of a woman between the ages of twenty and thirty-five is richer in fats than at other ages. Generally a robust constitution contributes largely to successful nursing; yet a delicate woman may make a good nurse. The number of children has an influence on the nursing only so far as it affects the general health of the mother. Acute illness of the mother, if prolonged, will reduce the milk in quantity. The fats will become low and the proteids high. A generous diet increases the fats and proteids. If the nurse takes little exercise there is apt to be an increase in the proteids. Quantities of liquids ingested by the mother increases the quantity of milk but reduces the solids. No matter what the diet the sugar remains practically the same. Only a few drugs are eliminated by the breasts and these vary. Alcohol, opium, atropine, chloral, iodides, rhubarb, senna, castor oil and the saline cathartics may be given off in sufficient amounts to cause effects in the nursing. It is claimed by some that the salicylates, copaiba, colchicum, antipyrine, turpentine, iron and arsenic are eliminated in quantities sufficient to effect the child. Mercury, after prolonged use, is eliminated in small quantities by the breasts. The quantity of milk is increased and the proteids diminished by exercise.

There are few things that influence the effect of the milk so much as nervous impressions, such as anger, grief, fright, passion, fatigue, etc. These impressions will have a prompt and decidedly bad effect on the infant, so that it may actually be poisoned and have an attack of acute indigestion, which may be accompanied by convulsions. The change is probably in the proteids, toxic nitrogenous bodies being formed.

Menstruation does not materially affect the infant. The quantity of milk is diminished for the first day or two of the menstrual period.

If pregnancy supervenes the milk constantly deteriorates in quantity and quality.

SCHEDULE FOR BREAST-FEEDING

AGE	Number of Nursings in Twenty-Four Hours	Intervals During Day	Night Nursings Between 9 p. m. & 7 a. m.
First day	Four	Six Hours	One
Second day	Six	Four Hours	One
Third to twenty-eighth day	Ten	Two Hours	Two
Fourth to thirteenth week	Eight	Two and One-Half Hours	One
Third to fifth month	Seven	Three Hours	One
Fifth to twelfth month	Six	Three Hours	None

Nursing should not be attempted under the following conditions: If the milk fails to be secreted; if any form of tuberculosis supervenes; if there be malignant disease of the breast; if there have been any serious complications of pregnancy or parturition, as hemorrhage, nephritis, septicaemia or eclampsia. Nursing is precluded by the presence of chorea, epilepsy or insanity.

The nursing woman should have a generous mixed diet, not excessive in nitrogenous or vegetable foods. She should consume from a quart to a quart and a half of milk or milk gruel every day. All the common vegetables and bread are allowed with fresh fruits.

Highly seasoned foods such as salads, cabbage, stale and unripe fruits are forbidden. Whatever produces indigestion in the mother will have a bad effect on the child.

There should be no anxieties or great excitement on the mother's part, but exericse in moderation with a simple life in general.

Regular hours should be adhered to, from the beginning, in which to let the child nurse. If the child is asleep at the nursing time it should be awakened. Give the child boiled water from the start once a day. It is not usually necessary to put the child to the breast earlier than three or four hours after birth, and then only for about five minutes. After the second or third day the child may nurse from fifteen to twenty minutes. The number of nursings a healthy child should have in twenty-four hours is given in the subjoined table taken from Vol. IV. Sajou's Cyclopedia of Practical Medicine:

If the infant seems unsatisfied during the first few days of its life, the nursings may be supplemented by giving one to one and one-half ounces of warm sterile milk-sugar solution. This is made by dissolving a tablespoonful of milk sugar in seven and one-half ounces of boiling water. This will often prevent the loss of weight and inanition fever which frequently occurs when the breast milk is scanty.

All infants should be weighed once or twice a week for the first six months. A loss in weight of about one-tenth the birth-weight during the first five days amounts to nothing. After a week to ten days the regular gain for five or six months should be about six ounces per week; from the sixth month to the end of the first year from three-fourths to one pound per month. At five months a healthy infant should have doubled its birth-weight, and at one year should have trebled it.

(To be Continued.)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D.,
72 Madison St., Chicago, Ill.

(Continued from Page 265 August Recorder)

QUACK METHODS.

I have made a strenuous effort to learn why the quack was successful, and, in order to do this effectively, my friends and myself had to pose as "it." Advertisements were answered, correspondence carried on, and treatment taken in order to become familiar with all the "ins" and "outs" of this shady business I am pleased to say, we gained a fund of useful information and, as I believe, ascertained much of their secret organization.

THE SUCKER.

This individual is the party who answers one of the quack advertisements. He is sent a circular letter with a "good jolly" in it, and he or she is requested to fill out a symptom blank. This blank is a "bird" and it certainly is a work of art. It shows a deep insight into normal physiological phenomena that is startling, and a knowledge of "fool humanity" that is little short of miraculous.

The object of this blank and its ingenious train of questions is to call the "sucker's" attention to some normal process and impress the gravity of it upon his mind and if possible inoculate him with the belief that he has some dangerous disease. There are many different systems used by different men, depending upon the kind and character of the case they desire to attract, and to cover all the different methods would require a large volume.

A few sample questions will call attention to the methods used. A quack who caters to medical treatment has among many hundred other "gems," the following:

"Do you feel sleepy after a heavy meal? Can you feel a movement in

your stomach after eating? Do you hear a tinkling sound over bowels after eating? (Have someone listen with ear over bowels). Do you feel full after eating, etc., etc."

An affirmative answer to any of these questions will lay the foundation for a diagnosis of ulcer of the stomach, which always precedes cancer. (Medical authority quoted to prove assertion).

The quack claims to be a great chemist and holds diplomas from various European schools and various (irregular) schools in this country and has made a marvelous discovery; that, by means of his great Hindoo discovery (purely vegetable) an ordinary stomach ulcer gets well so quick that it makes the ignorant medical profession jealous; only $1.00 a bottle, or six bottles for $5.00. A cure guaranteed, only sold direct and not through the trade.

This little piece of wisdom was accompanied by several recommendations of the great remedy as a restoring force, which was signed by the names of various clergymen. Curiously enough, they were all genuine and prompt letters of praise of the quack and his medicines were received, one preacher claiming that he was "sustained" and "inspired" for five years so that he could carry on his work; that without its influence he was weak and listless.

The marvelous properties of this rare drug excited my curiosity and I purchased a bottle, and after pouring half of its contents into a "still," and connecting its end to a Welsbach light, I had no difficulty in maintaining a beautiful light. Quantitative analysis showed sixty-three per cent alcohol, four per cent glycerine, saccharine one-half per cent, cocaine one grain to an ounce. The rest of the great discovery was evidently prune juice and carraway extract.

No wonder our dominie was sustained and inspired. Kingdoms have sprung into and out of being; new religions have been born and have died; history has been made under a less percentage of alcohol than our prohibition friend required for his divine inspiration.

My insatiable curiosity would not remain satisfied until I had obtained this fellow's views on the use of alcohol and I was startled to hear that liquor was the agent of the devil; that it was an abomination in the sight of the Lord; and that he had never tasted liquor in any form. How easy it is to be a rabid prohibitionist when we can get our inspiration from quack medicines.

Information regarding the contents of the great discovery was sent the dominie and brought the information that the "Lord hated a cheerful liar;" so it is a fair inference that this particular individual will continue to get his "inspiration" from a "near" relative of John Barley Corn.

When I looked over the advertisements of the various quack remedies known to contain habit-forming drugs, and saw the names of people who are prominent in the various walks of life, I was anxious to find out how they came to lend their names to these schemes. Numerous letters were sent to these people asking them if they knew their names were used in this manner to advertise "dope." With few exceptions a prompt response brought the information that unquestionably the endorsement was genuine, but they knew nothing about the merits of the drug; that they had signed the letter to oblige a friend.

This friend was a hard proposition to locate, but eventually was found to be numerous individuals; one a politician who got endorsements from public men at so much per letter, and a preacher who secured letters from men who wore the cloth; one a broken-down speculator who worked Board of Trade men. Numerous women who worked ambitious women who were trying to break into society, and in a general way these peo-

ple will agree to furnish recommendations from any class of people that is desired at so much a letter. As a general proposition, no one makes anything out of the business except the parties who get the letters. As in numerous cases the people never took enough notice of the name of the drug to recognize it when spoken of. I learned that nearly all of these people were connected with a bureau, which is willing to furnish letters recommending any drug or system of treatment desired at so much a letter. The higher position occupied by the writer the more the letter costs.

A great slump in price occurs after a letter is several years old and may be purchased in job lots. Prominent politicians and actresses were asked what motives induced them to write certain letters, when they did not know anything about the particular "dope" they wrote about, and I was immediately told that in the majority of cases they were given a good fee, and second, it was a form of advertising that made their name stick with a portion of the public; and it was necessary, if they desired to keep in the lime-light.

No! They had no ethical scruples about their action; their only desire in life was either money or power, and they were not concerned with the actions of fools. If they wanted to dope themselves, that privilege was granted them by the constitution and they were not responsible, anyway.

I ascertained that a salesman for a large fur house, who is generally known as a mixer, belonging to several of our most prominent clubs, cleared up the tidy sum of $10,000 a year getting patent medicine endorsements for the use of these people.

In his case he is honest with his victims; he tells them that he gets $10.00 apiece for these letters, which is to advertise some harmless "dope," and as he is considered a good fellow he can get all he wishes without a fee.

In order to see what would happen, a medical company was started in some vacant space that was eventually to be used for other purposes. The office equipment was installed and a bright, young medical man put in charge. A catchy advertisement was inserted in the papers for "suckers." Immediately the office was visited by a shrewd old "faker" with a young companion who profusely welcomed the new concern and was very anxious to know who was connected with it.

He was told that it was owned and operated by the attendant, and that he was prepared to spend $10,000 to get a start. During the next few days he was visited at intervals by more of the fraternity and a few young men showed up for treatment.

The same individual was posted before the door for a week with a pencil and paper in hand, apparently keeping track of the patronage, and it seemed desirable to send some patrons around to satisfy their curiosity so that quite a good number of people were sent there by advertising for agents, inventors, etc.

This brought some eight hundred people in the course of a week, each one of which was admitted to a private room and detained for about ten minutes. Apparently the office was doing a land office business and the effect was decided. The young doctor received a visit from a sneaky looking individual who demanded to see his diploma and wished his full biography. He claimed to represent the State Board of Health and exhibited his "star." He demanded the immediate closing of the office or an arrest would be made.

The attendant told him that he was not in a position to comply with the rules of the Board of Health at present; that he was not giving treatment and would not do so until he could hire some registered physicians whose morals were somewhat out of plumb. A good cigar was given the "inspector" and an earnest effort made to cultivate him

from a social point of view, and under the cheering influence of a fine perfecto, "doped" with opium, he opened up, slapped the young doctor on the shoulder, and said "it was a d—— shame to 'job' so fine a fellow." He confessed he did not represent the State Board of Health, but was a runner for the "city quacks," and it was his duty to scare any new man who broke in the field. He became quite chummy under the soothing influence of the opium and no difficulty was had in getting his story:

"Say doc; you're all right, you are; you're my friend! I'll make it hot for these geezers if they don't let you alone. You see! My pals and I are the outside men of the syndicate. It is our duty to raise 'h——' with a new fellow when he comes in. I call on him and represent the Board of Health inspector. Of course he don't know an inspector when he sees one and the public is dead willing to swallow any yarn that may be told. If the fellow only has a star and looks like a loafer. If I'd dress up they would 'can me' in a minute, but the general contact of the public with public service employes is generally the same; they see a rough, profane, hard-drinking individual who wears frowsy clothes and smokes a vile cigar, or chews tobacco and talks in a rough voice, and the evident lack of responsibility scares the 'greenhorn' and he doesn't like to put up a fight. Sometimes we use our 'connection' (?) with the Board of Health to graft on a new fellow and we can clean up a good lot of coin. We work it in this way; we get a tip some fellow is a little off on his legal standing with the state and yet is possessed with the idea that he has the regular medical profession skinned to death on knowledge of medicine."

"He opens up in a barber shop and the tip is passed to us. I call on him and investigate him in the interest of the State Board of Health and throw a great scare into him. After a few days my pal calls and represents the State Attorney's office. By this time we have the new man in a panic and he is ready for anything; and after waiting to get him thoroughly scared, another pal calls on him as a politician and offers to fix the matter. It's easy to touch him and her for about all the coin they have in their clothes. It gives a 'sucker' a good deal of a scare when he thinks the law is after him in earnest and he is willing to put up about all he has to escape prosecution. It also flatters his vanity to think he has a 'drag' with the powers of the law. Yes! We make lots of 'easy money.' There is always the fellow who is afraid to take the State Board examination; he may know enough but he is a coward, so it is easy to touch him for a $100 or more to insure his passage. Of course, if he does fail, we give him back some of his money if he makes a howl, and explain that the marks he puts on his papers were put in the wrong place, or were not large enough, so they were overlooked by the examiners."

"He is encouraged to try again and assured that the Board is humiliated to think they overlooked the matter. As a general thing he will 'study like the devil' and because of his former experience will succeed in passing the test. so you see we earn our money and the fellow thinks he has had his money's worth."

"Do we have any graft outside of the medical one? Well, I should say we did! We learn through the babbling in a barber shop or saloon that some individual is living outside of the law. We take his trail and soon know as much about his life as he does. We swear out a warrant for him on a slightly different name, and the address and charge is his. The deputy goes nosing around looking for him and tries to convince him that he is the man, while that individual just as earnestly asserts it is not his name. Sometimes we just use the blank warrants and fill them out; any-

way the warrant is not served, but he has had a good scare. At this time the politician calls on him and offers to fix up the matter and succeeds in touching him for his available pile. Oh, yes! He gives up handsomely, especially when he is reminded that the matter is likely to get into the press.''

''The exploiting of the people has become such an established business and has been so immune from prosecution that it makes a rich field for us to labor in. For instance, we get next to a man who sells his groceries at twelve ounces to the pound, or who is adulterating food, or who is trying to practice some new school of medicine outside of the law, or perhaps it is simply a stock jobbing or mining scheme. A very little investigation puts us in possession of the facts, and it is a curious fact that nearly all of the people doing this kind of a thing, almost always fall down from the moral standpoint, and by watching him for a few days we learn her name and get 'next' to their habits, and when we get after him for his infraction of the law, and incidentally mention the fact that our detectives have been on his trail for several weeks and have learned such and such a thing, that would be of interest to the public. Oh! He comes down gracefully and contributes to the syndicate.''

Danger! No; we don't run much risk. In the first place, the syndicate is composed of many prominent politicians who can absolutely control the powers of the law and it makes us immune from punishment. Of course, our 'bluff' is called once in a while by some fool and as we are so well acquainted with the process of the law we simply set them in motion. The 'proper' complaint to either the State Board of Health or the State's Attorney's office in the 'proper' manner, and by the 'proper' person will let loose an avalanche that will overwhelm any man or any business and cost them four times as much to get out of, as we charge in 'graft.' ''

''If necessary, we can improvise a court in a few hours that will impose the fine demanded. This is getting risky however, since the justice courts have gone out of existence and is seldom used, except where we know we have a 'sucker' on the string who is not up to the ways of the law and has the very best reasons not to seek any unusual publicity, owing to domestic entanglements. He gives up, and thanks his lucky stars that he escaped alive.''

''Do I think it it right? Well say now Doc: What makes a thing right or wrong? We are not 'skinning' honest people. We are simply robbing thieves. Honest people have nothing to fear; why should they be skinned? No! It is the fellow who is religiously plundering his friends and neighbors who fears exposure and makes the 'easy mark' for us. Of course, he gets 'next' to the fact that we are pulling his leg in time and begins to get independent, thinking he can run his graft without us, but after he has had one tussle with the law he comes after us cheerfully enough and will pay afterwards without question.''

''Then again, the people themselves are not any too honest. Do you know anyone who is disposed to be very harsh with their criticisms of any grafter, if he has only made good? What kind of people do the newspapers go into spasms about when they buy a new necktie or slip on the ice? Who are the people that are the most talked about? Who's names head all of our great charity enterprises. Who is allowed to violate all the laws and ordinances of the land? Simply the successful grafter.''

''He has stolen a railroad; poisoned thousands of babies with 'doped' milk or diseased meat; sold saw dust for breakfast food or ground into flour; has capitalized a hole in the ground for millions of dollars in bright green certificates; has cornered our food or fuel

supply and caused suffering or death to thousands of human beings.''

''Still we hear our fatuous newspapers calling these thieves 'captains of industry,' and lauding their virtues to the skies.''

''Don't lose any sleep, Doc., about the fellows we skin, as every mother's son of them would steal the cents off their dead mother's eyes.''

This little dissertation, delivered while the victim was enjoying his first opium smoke, throws a flood of light upon some of the dark places in our civilization. Although the story came from a crude specimen of the underworld, he has had opportunities to study life under conditions not accessible to the ordinary citizen and in a rough way has recognized the evident fact that we are a long way from the ultimate religion of the human race, the brotherhood of man and the fatherhood of God.

The distress of our syndicate of grafters was great, when the medicine company disappeared in one night and the people who took their place were so dense that no information could be had regarding their whereabouts.

(To be Continued)

The editor of The Eclectic Medical Gleaner gives this sumnary of the local use of thuja: Locally it has a well-earned reputation in trachoma (Long's thuja), in chancroids, gonorrhoea and gleet (aqueous thuja), and in warts, venereal or otherwise, and as an injection for the cure of hydrocele (specific thuja). It is valuable topically to catarrhal conditions and growths in the posterior nares, reduces enlarged tonsils and enlarged prostate, and is valuable locally to relieve hemorrhoids, prolapsus ani, fissures, pruritis ani or vulvae and urethral caruncle. It must be remembered that it is not a remedy for acute inflammatory conditions, but for subacute and chronic disorders with muscular relaxation, enfeeblement of mucous tissues.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

MATERIA MEDICA AND THERAPEUTICS

Questions Used by Texas Medical Examing Board
Sept. 30 to May 2, 1907

(1) What class of acids would you give, internally, to acidify alkaline urine? Vegetable acids. Benzoic acid in particular.

(2) What is the dose of carbolic acid for internal use? For adult, one to three drops.

(3) What is chemical antidotes for carbolic acid? Soluble sulphates to form insoluble sulphocarbolates.

(4) Mention the antagonists of cocaine? Cocaine, when given in poisonous doses, may act as a depressant or a convulsant. If it acts as a depressant, stimulants are indicated such as ether, ammonia, strychnine, etc. If as a convulsant we must give chloral, a little morphine, chloroform by inhalation.

(5) How do salines produce catharsis? Salines produce catharsis by stimulating the intestinal glands to abundant watery secretion.

(6) What is the proportion of mercury in hydrargyrum cum creta; what is the dose? The proportion is about one-third grain of mercury to every grain of powder.

(7) Give the chemical name and dose of (a.) epsom salt, (b) rochelle salt, (c) glauber salt, (d) cream of tartar. (A) magnesium sulphate, dose, one to four drachms; (b) potassium sodium tartrate, dose, one to six drachms; (c) sodium sulphate, dose, two to

three drachms; (d) potassium bitartrate, dose, one-half to three or four drachms.

(8) What is the physiological effect of cocaine (a) on the ocular conjunctiva, (b) the pupil of the eye, (c) and the salivary glands? (A) the conjunctival membrane is blanched by the effects of cocaine. Sensation is lost by its paralizing effects on the terminal endings of the sensory nerve filaments; (b) the pupil of the eye is dilated markedly. The mydriasis, unlike that of atropine, is not accompanied by paralysis of accomodation. It does not cause forcible mydriasis; (c) the salivary functions are temporarily suspended by cocaine.

(9) What is the adult dose of hyoscine hydrobromate, (b) apomorphine, (c) morphine sulph., (d) pilocarpine? (A) dose, hyoscine 1-200 to 1-100 gr.; (b) apomorphine, 1-20 to 1-10 gr. (hyp.); (c) morphine, 1-8 to 1-4 gr.; (d) pilocarpine, 1-64 to 1-2 gr.

(10) On what chemical change in the intestinal tract does the purgative action of castor oil depend? The manner in which castor oil purges is somewhat in dispute, but probably depends on the presence of ricinoleic acid. Some writers claim this acid is set free only when the oil comes in contact with the pancreatic juice. Castor oil is generally regarded as a mechanical purge.

(11) What effect has pilocarpine on (a) the heart; (b) on the skin, and (c) on the salivary glands? (A) a heart depressant; (b) profuse diaphoresis; (c) salivary secretions are made very profuse.

(12) Name the ingredients (a) of Fowler's sol.; (b) Donovan's sol.; (c) Monsell's sol? (A) liq. pot. arsenitis (a solution of arsenic and potash, one per cent arsenic); (b) liq. arsenii et hydrargyri iodide; (c) a solution of the subsulphate of iron.

(13) Name two local and two systemic emetics and give the dose of each. Zinc sulph. in doses of ten to thirty grains is a local emetic as well as copper sulph. in doses of five to seven grs. Apomorphine in 1-10 to 1-12 gr., hypodermically, is a systemic emetic. Ipecac is both a local and systemic emetic; dose, syr. from one to three fl. drachms.

(14) How do strophanthus and digitalis differ in their physiologictl action; name the dose of the tincture of each according to the new pharmacopea. Digitalis is a diuretic; strophanthus is not. Strophanthus is a stimulant to the heart muscle and its ganglia, but does not slow the pulse by its action on the vagus as does digitalis. Strophanthus raises arterial pressure by increased heart action, but doesn't increase the vaso-motor system to any extent. It is therefore useful in weak heart since it stimulates the heart without increasing its work by raising arterial tension. Dose, tr. digitalis, five to thirty min.; strophanthus, two to five min.

(15) What is the effect of adrenal extract (a) on the heart; (b) the arteries. (A) Adrenal ext. increases the force of the systole of the heart by stimulating its muscular fibres; (b) it increases blood pressure by contracting the capillaries through stimulation of the vaso-motor system, contracts arterioles.

(16) Name a drug which causes contraction of the pupil of the eye when taken internally and one when applied locally. Name a drug which causes dilatation of the pupil of the eye when taken internally, and one when applied locally. Morphine sulph. when taken internally causes contraction of the pupil of the eye. Eserine or physostigmine sulph. when applied locally. Atropine sulph. causes dilatation of the pupil of the eye when taken internally or applied locally; cocaine, when applied locally.

(17) Give the composition and state the dose of Dover's powder. Dover's powders is composed of one pt. opium, seven pts. ipecac and eights pts. sugar of milk; dose, five to ten grs. for adult.

(18) State the composition and dose of pulvis jalap compositus. Jalap comp. is composed of jalap thirty-five pts., bitartrate of potash sixty-five pts.; dose, fifteen to thirty grs.

(19) How should poisoning by coal gas, illuminating gas (carbonic oxid) be treated? Patients having a full pulse should be bled from twelve to sixteen ounces and transfused with an equal quantity of normal salt solution. More futile patients should be given high rectal and subcutaneous injections of warm normal salt solution to dilute the blood and aid in eliminating the poison. Artificial resperation should be kept up for hours if necessary. Oxygen inhalation is valuable. Evacuate the bowels by an enema of castor oil turpentine (aa ℥i) in a quart of warm soap suds. Catheterize if necessary.

M. A. Blanton, M. D.
Baileyton, Tenn.

A DAYS WORK

A doctor brought me a case of bleeding piles; had tried various remedies, but the piles kept on bleeding. Prescribed tr. hamamelis, 2nd decimal, ten drops once in three hours with a suppository of five grains solid extract of hamamelis placed in the rectum, one ounce in twelve hours. Later report, the patient free from the bleeding.

Letter from a doctor who wants advice about case of mucopurulent diarrhoea with colicky pains. Prescribed bichromate potash, 3rd decimal, two grain powder every two hours—a decided change for the better in twenty-four hours. Patient finally recovered.

An old lady patient calls to report progress. Says she is better—had pruritus of vagina. I had prescribed:

℞
F. E. hydrastis.....℥i.
Borax .....ʒi.
Aqua .....℥v.
M. Sig.—Apply three times a day.

A doctor writes me for a good treatment for gonorrhoea. I have had my share of these nasty cases in many years of office business and I cure them in a short time with the following: If it is a recent case, I give

℞
Tr. gelseminum .....ʒi.
Tr. cannabis sativa.....ʒi.
Spts. nitre dulce.....℥i.
Aqua .....℥vij.

M. Sig.—Give patient two improved comp. cathartic pills at bedtime, no injections. Avoid liquor, tea and coffee. If it is an old case I add F. E. rhus aromatica, ℥i, to the above formula.

Mother calls with daughter, aged thirteen, who shows some symptoms of the monthly periods but they have not yet appeared. She is nervous, flighty, hysterical. Her doctor can't seem to help her. I prescribed blue cohosh (Lloyd), fifteen drops in water, once in three hours. In a month her period came on and her nerves are stronger. She seemed one hundred per cent better. The above is a fine remedy for girls who have never menstruated.

A case of eczema in middle aged man. Legs swelled and covered with a mass of dry scales. Prescribed:

℞
F. E. berberis aquifolium....℥ii.
Simple syrup .....ʒvi.

M. Sig.—Teaspoonful once in four hours. Locally I applied:

℞
Plumbi acetatis .....ʒii.
Zinci acetatis .....grs. xx.
Morphiae acetatis .....grs. x.
Glycerine .....℥ss.
Aquae .....q. s. ℥viii.

M. Sig.—Bathe the parts every four hours. A month of the above treatment made a decided improvement in the case and finally cured it.

Child has worms; mother wants some worm powders. I gave her what I have used for such cases since 1870.

℞

Santonin .....grs. x.
Podophyllin .....grs. ii.

M. Sig.—Divide into chart No. 20—one night and morning in a little water until they act freely upon the bowels. I have never known these powders to fail to put the seat worms and thread worms out of business.

Doctor wants advice in a case of hydrocele of ten years' standing. Fluid had been drawn off several times. I advised him to draw off the fluid with a canula and trocar and inject two drachms of normal fluid ergot. The doctor, in a later letter, reports the case cured.

ELI G. JONES, M. D.
New Brunswick, New Jersey.

WHAT OTHERS SAY

Vignard reported thirty-eight anesthesias with scopolamine. "In every case excellent results were obtained."—N. Y. M. J.

The most conspicuous want of the medical practitioner is a useful and pleasure-giving recreation.—Casey A. Wood.

House concluded that an increase of the cerebro-spinal fluid would readily account for epileptic seizures.—Alienist and Neurologist.

Nearly all typhoid fever is contracted from eating raw food, water, milk, ice and vegetables.—Bulletin of the Chicago Department of Health.

The nitrites neutralize the leukomain that causes regional or general spasticity of the musculature of the arterioles. Veratrine rounds out the eclamptic leukomain and makes of it a harmless excretory entity. — Burke, Dominion Medical Monthly.

The only excuse for the existence of any organization is, that it may do for its members something its members individually could not do, or do so well, for themselves.—Druggists' Circular.

B. B. Griffith says that the reasons patients are dissatisfied with us are, that the results are unsatisfactory, the fees larger than expected, or seeming neglect or inattention on the physician's part. —I. M. J.

The great success the homeopathic practitioners have, I am sure, comes practically in large part from the painstaking care with which they have always examined cases. — Hall, The Chironian.

For amebic dysentery, Vaughn advises flushing the colon with quinine solution, beginning at 1 to 5 thousand, gradually increasing to one thousand. The solution should be warm and one to two quarts used at each injection.—Journal

In the new profession there will be perfect liberty to teach and to practice the employment of any kind of a remedy for reasons that appeal to the individual. And it will not be cause for remark, other than friendly argument among confreres, for one to advocate the specific drug, another the proved remedy, and the third the procedure indicated by the laboratory experiment or by pure empiricism.—Bull, Amer. Acad. of Medicine.

Soluble Iodine. The following solution is readily miscible with water in any proportion and is stable.

℞

Iodini 6.00
Glycerinae .....25.00.
Aquae .....75.00.

Mix this with water in a bottle at the proportion of a drachm to the ounce and a teaspoonful will represent a half a grain of iodine.—E. S. McKee, Cincinnati, Lancet-Clinic.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE LABORATORY FETISH.

To cry "I told you so," is usually bad form, but it is very human. Our readers will pardon us, if we remind them that we have repeatedly in these columns called attention to the limitations of mere laboratory diagnosis. Now we find ourselves endorsed, officially at that, for in the oration on medicine at the last meeting of the A. M. A., Dr. James B. Herrick treated the same subject very forcibly. Dr. Herrick, a member of the faculty of Rush Medical College, is a man of high standing—his being chosen to deliver one of these solemn orations is evidence of it. The writer having come into personal contact with him, has conceived a high opinion of him. The address is scholarly, justly temperate, and deserves to be read and digested by every physician. He speaks of the inherent limitations of the laboratory, of the many possibilities of error, of the proneness of some laboratory workers to step beyond their province, make a diagnosis, even a prognosis, and offer advice as to treatment, often on insufficient findings, and the tendency among general practitioners to rely too implicitly on the laboratory findings and disregard older methods. "The laboratory must not be permitted," he says, "to drive out the arts of auscultation and percussion. It is only by the correlation of the results of the examination by all methods that the conclusion is reached as to the nature of an illness. Laboratory diagnosis is not yet one of machine-like accuracy—it is no nickle-in-the-slot affair. The time has not yet come—let us hope it never will—when a diagnosis can be made without the exercise of brain power."

Others have written along the same lines. R. C. Cabot, of Boston, referred to by Herrick, wrote more than two years ago on the "Limitation of the Urinary Diagnosis," showing that at times in grave anatomic lesions of the kidney, the urine gave little or no evidence of the true condition, while in cases where an abundance of casts and albumin justified a diagnosis of nephritis, this diagnosis was not supported by the clinical outcome or autopsy findings. From this he conclinded that clinical examination of urine is "fallacious in the extreme" and that "the most reliable data about the urine are those most simply and quickly obtained, the twenty-four hour quantity, the specific gravity and the color." These conclusions have been corroborated by other investigators in the same field. Many other writers are mentioned by Herrick.

Even in Germany voices of warning are being raised by such authorities as Professor Strumpell and Von Noorden, who counsel more thorough teaching of and practical dependence on the other methods of ausculation, percussion and purely clinical bedside observation, whose place can be taken by nothing else. In a German medical journal—we cannot recall which—a Berlin professor returned from a visit to our country and, writing of the impressions he received, criticizes us for making a regular fetish of laboratory diagnosis.

IMPROPER STATE EXAMINATIONS.

An exchange tells us that one of the questions in Materia Medica and Therapeutics asked by the Wisconsin State Board, was: "Give source, composition and therapeutics of the following antitoxines as they are known: Antidiphtheritic serum, tetanus antitoxin,

antitoxin of bubonic plague, antistreptococcus, antipneumococcus, antituberculosis and antianthrax serum." The facial expressions of the examinands when they read the question, must have been a study. Not one of the answers can have been complete and correct.

There is positive knowledge and general agreement on the use of the first —the antidiphtheritic—and possibly the second—the antitetanic serum—but there is a wide difference of opinion and nothing but uncertainty on all the others.

As to the source of these modern medicinal agents it can only be said in a general way that they are obtained by inoculating animals with special bacterial toxines, a process which is supposed and in some instances proven to increase the protective substances in the animal's blood against that special bacterium. It is doubtful if anybody, even the most expert investigator, can tell the composition of a single one of the sera. The whole subject of sera and antitoxines is as yet largely experimental.

It is an old saying that "a fool can ask more questions than ten wise men can answer." A question like this is in opposition to the spirit of the medical practice acts for they all stipulate that the examinations shall be practical in character and tests of the applicant's fitness as a practitioner.

RAILROAD SANITATION.

A medical journal from the Pacific coast praises the late legislature of Oregon for passing a law which requires railroad companies to have certain places within the state where they will clean their passenger coaches and also providing that the coaches shall not be swept while passengers are therein. One should think that the dictates of common sense would make such a law superfluous, but an actual experience of the writer's proves the contrary. About a year ago he entered a train of the Wabash road at Detroit, Mich, at 2:00 a. m. Nearly all the passengers in the coach were sleeping, lying on the seats, their heads close to the floor. The train being held in the station for a good while, a porter began sweeping the car with an ordinary dry broom. Protest received no attention. The intelligent functionary evidently wondered what curious people and queer notions were to be found in this world.

Railroad sanitation in general is very unsatisfactory. The upholstery of car seats seldom more than half cleaned, must be a carrier of infection; drinking cups, toilet rooms, smoking cars, etc., are insanitary. The thanks of the public and perhaps a fortune await the man who invents a practical devise for automatic ventilation and temperature regulation of passenger coaches. Most of the faults could be remedied easily, if railroad authorities would issue proper orders to their subordinates. As they do not do it, state authorities must step in and invoke the power of the law.

THE USE OF ALCOHOL IN OBSTETRIC AND GYNECOLOGIC PRACTICE.

Theilhaber (Munich Med. Wochenschr., Jan. 33, 1907).—The author writes emphatically against the use of alcohol for almost any purpose, either in gynecology or obstetrics. He says it is absolutely contraindicated during pregnancy on account of its deleterious effects on both mother and child. It is not indicated during the puerperium or lactation. He thinks it especially harmful when given to young girls for menstrual disturbances, and shows that it increases the symptoms during the menopause.

APPETIZING.

A writer to the Jour. of A. M. A. gives some interesting and disagreeable facts about "choice Smyrna figs." He says they are packed in very unsanitary places by filthy people, many of which are enlisted from the street rabble and

Continued on page 307.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 SEPTEMBER, 1907 No. 9

LECITHIN

Lecithin is an organic compound, rich in phosphorus; and from experimental studies and clinical reports is the most satisfactory preparation of phosphorus yet introduced into medicine. It exists in all the tissues of the body, in milk, chlorophyl, beans, lentils and various plants. In American Medicine, Alfred Heineberg furnishes a digest of the literature on lectithin. This is indicated by a decrease in the phosphorized fat of nerve cells, and the presence of an increased quantity of phosphoric acid in the urine, in certain disorders of the nervous system. In these it is superior to phosphorus, phosphoric acid, phosphates or the phosphites.

Lecithin of animal origin is considered a salt of glycerophosphoric acid, and some of the fattey acids, with the bases cholin and neurin. Its use in medicine dates from Danilewskis publication in 1895. He found that young animals fed upou it evidenced a distinct rapidity of bodily growth, with a proportionate increase in the size of the brain. One of the first effects was an augmentation in the number of erythrocytes. These results were verified by Desgrey and Zaky, who also discovered that during the administration of lecithin the elimination of nitrogen in the urine was nearly doubled, while phosphoric acid was diminished about one-third.

A number of observers were cited to show that lecithin exerted a favorable action on nutrition, showing an augmentation of nitrogen elaborated and an increased fixation of phosphorus, with a marked increase in body weight, a multiplication of red-blood cells and an enrichment in hemoglobin. Serona employed it with benefit in neurasthenia, diabetes, nephritis and tuberculosis, but most effectively in chlororis. First found it very valuable in cerebral exhaustion and neurasthenia. Claude and Zaky report favorably on it in tuberculosis, the benefit being due to the betterment of nutrition. Lancereaux used it effectually in diabetes and osseous tuberculosis, Huchard in chlorosis, gastric ulcer and other diseases. The usual dose is three to six grains a day by the mouth.

Warner suggests injection of lecithin exposed to radium and the X-ray, in the treatment of deep-seated malignant growths.

Brickstecker, in the Ohio Sanitary Bulletin, makes a strong appeal for the prevention of typhoid fever in rural districts. He says that the prevalence of this fever in any civilized community is a reflection upon the physician.

ABDOMINAL PAIN

In a late issue of the Virginia Medical Semi-Monthly, Weatherspoon has an excellent article on the significance of pain in the upper abdomen. He says truly that pain is the symptom for which patients seek the physician. The terms biliousness and dyspepsia, gastralgia, indigestion and gastric-catarrh have given place to a more correct nomenclature. The anatomic conditions make critical examination difficult and unsatisfactory. The surgeon has devoted too much time to the perfection of technic and the internist, too much gray matter to fighting the surgeon's claim to the territory. Patients should describe correctly the location of the pain, under the left or right border of the rib, the center of the stomach, or the territory above the umbilicus. The location of tenderness is of great significance. He considers first, the pain which has its seat in some upper abdominal viscus, and second, pain which is referred there from some distant lesion. Tenderness from a visceral lesion is usually limited by sharp boundary lines; that due to a remote lesion is not readily definable. Pressure causes continuous, constant pain over a local lesion. The pain is slight and passes away during pressure, when not due to such lesion. Sudden or sharp pressure often awakens paroxysmal pain in the latter case. The exact location of tenderness should correspond to the visceral locations of lesions of viscera. When it is symetric or when it does not conform to the location of a viscus the evidence is against a local lesion.

Tenderness from gall-bladder or stomach lesions may be associated with tender points on either side of the vertebral column corresponding to the posterior Valleix nodes. The point of acute tenderness is in front, over the involved system.

Boas shows that in lesions of these two viscera the points are over the posterior branches of the eleventh and twelfth dorsal and first lumbar nerves; when due to remote lesions they are usually located higher up, not uncommonly over the seventh, eighth and ninth dorsal. Pain and tenderness indicate a local lesion. When associate symptoms indicate one of the remote organs the diagnosis of the disease in the upper abdomen must be made by finding symptoms which are constant. Vomiting is one of the most unreliable symptoms associated with pain. Muscular relaxation, with the absence of pronounced tenderness, indicate that no pathologic lesion is present in the upper abdomen. One of the commonest symptoms of mild chronic appendicitis is pain in the stomach following the injection of food. Cholelithiasis, gastroduodenal ulcer and pancreatic disease are the hardest to differentiate, from the anatomic and physiologic association.

The classic position of pain in the right for gallstone and the left for gastric ulcer, has not been confirmed by his experience. Gastric ulcer pains come immediately or shortly after the ingestion of food; those of duodenal ulcer several hours afterward, and gallstone pains have no relation with the time of eating. The initial symptoms may be masked by those due to an extension of disease to surrounding organs. Don't open the abdomen for symptoms the result of central lesion, movable kidney, uterine lesions or remote reflex disturbances.

In the Journal of the Kansas Medical Society, Prof. Hirchley says there is nothing that interests the student as much as laboratory work. Naturally, every student is most interested in things which he can do himself, instead of listening to what other men are doing or have done. But is that the best thing to fit him as a practician? What interests the student is perhaps a secondary consideration.

EDITORIAL NOTES

E. R. Taylor, doctor, lawyer and poet, is the newly elected mayor of San Francisco.

In Modern Eclecticism, Owens reports membranous croup successfully treated by calcidin and echinacea.

The Medical Councilor describes Elbert Hubbard as "a shoot the shoots; just something for amusement."

E. H. Fass, in Merck's Report, finds little if any difference in the strength of digitalis leaves of the first and the second year.

Diagnosis has been pushed to ultra refinement; mechanical therapy to excess in technical elaboration; drug application waits next on the list.

In the Lancet Clinic, a writer says that the tincture of iodine, with some exceptions, is not only a worthless but a positively dangerous drug.

The Alienist and Neurologist for August contains an interesting article by Hughes on "Unwritten Law in Our Courts."

The Pacific Medical Journal warmly endorses Dr. Coe's platform for reform in the A. M. A. So, also, does Northwest Medicine.

The new convert feels obligated to show the sincerity of his conversion by going much farther in defense of his faith than those would who were born in it.

Clark, in the British Medical Journal, mentions a case of erythema nodosum in a child, which improved rapidly on tonics, after the salicylates and alkalis had failed.

The journal of the A. M. A. with the virility of Milliken joined to the psychic fecundity of Brother Simmons, will continue to bear good fruit.—Alienist and Neurologist.

The keynote to success in the treatment of the insane lies in the study of the patient and not of the disease.—H. W. Coe, Medical Sentinel. The same may be said as to success in the treatment of any disease.

Of the cases of typhoid fever studied by the Chicago Board of Health, about fifty per cent were brought back to the city by citizens who had been on vacation. It is evident, therefore, that the city is being infected by outside municipalities not under as good hygienic control.

Texas doctors might as well give up all hope of having consumptives to treat, since the legislature of that state has passed a law prohibiting the entrance to that state of persons affected with tuberculosis. Luckily the climatic treatment of tuberculosis is no longer in vogue.

In the Canadian Journal of Medicine and Surgery, Dr. V. E. Lawrence urges upon readers the value of calcium iodized in membranous croup. He also recommends it in all cases of enlarged glands, and in fibroid tumor, prostatitis, etc. He gives ten to fifteen grains in four ounces of water, a teaspoonful dose every ten to fifteen minutes until the symptoms improve.

RUNDSCHAU

Continued from page 304.

are women of questionable character. The figs are packed by hand; the stems are bitten off with the packer's teeth and each fig is moulded with the hands and mouth. During the process of packing, the figs are dipped in polluted sea water taken from Smyrna Bay. He suggests that our government has taken the right course regarding pure food produces in the U. S. It certainly would be well to now turn its attention to those of foreign production and importation.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

DISEASES OF THE STOMACH. By Dr. I. Boas, Specialist in Gastro-enteric Diseases in Berlin, Germany. The Sole Authorized English-American Edition from the Latest German Edition. By Albert Bernheim, M. D., (Freiburg, Germany), Assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and Post-graduate School, as Instructor in the Department of Diseases of the Stomach and Intestines, etc., etc. Approximately Illustrated with Five Full-page Plates and Sixty-five Engravings in the Text. 730 Royal Octavo Pages. Extra Cloth, $5.50 net. Half-Morocco, $7.00 net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

The diagnosis and treatment of diseases of the stomach is one of the most difficult parts of medicine. This work is one which helps both general and special practitioners in this difficult matter. The author prepared this work at the request of the many physicians attending his clinics. The book has been very popular in Germany and other European countries and now, for the first time, we have an English translation. While the book gives sufficient scientific details, yet it is practical, giving special attention to treatment. The methods of examination are described so thoroughly that every physician may learn to practice them by reading the book. The subject of diet is very properly discussed at length. A chapter is devoted to mineral waters and other physical curative methods. All methods of treatment are described and the latest given. Many valuable formulas are scattered through the book. Dr. Boas is so well known as an authority on gastro-enteric disease that this book may well be classed as a medical classic. Dr. Bernheim has performed the translating admirably and has added notes regarding the work of American practitioners. A very complete index adds much to the value of the book. The volume is well illustrated and splendidly printed and bound. The general practitioner desiring a late, comprehensive and practical work on diseases of the stomach will be well satisfied with this book.

FIVE HUNDRED SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D.; Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, American Journal of Surgery, and Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor, American Journal of Surgery. Second Series. 125 pages. Price, $1.00. Surgery Publishing Co., 92 William St., New York.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been

suggested by the author's own observations. Many of them are bits of wisdom that are not to be found in the textbooks. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

BOOK NOTES

The most interesting thing in the September American Magazine is Lindsay Denison's description of "The Rev. Billy Sunday and his War on the Devil." Sunday is the old time professional ball player who is said to have converted 100,000 people. He is sometimes paid as much as $3,600 a month for his work. The story of his own conversion is one of the choicest things in the article. And the prayers and sermons by Sunday, which Mr. Denison has collected, are great reading. Lincoln Steffens tells a real detective story, the story of William J. Burns, the secret service man who uncovered the land frauds. Eugene Wood writes about "The New Baby;" Dr. Woods Hutchinson writes on "Sleep and its Counterfeits;" and Edith Dickson tells something real about "The Rise in the Cost of Living." David Grayson writes another "Adventures in Contentment." "The Interpreter" talks about Japan and war.

President Roosevelt, in the September Everybody's, returns to the attack of the "Nature Fakers." Over his own signature he repeats the charges of falsehood, directing his fire chiefly against W. J. Long, whose affidavits he declares are "worthless." A group of prominent naturalists also contribute to the controversy in this number. The articles in the September number cover a wide range from an account of the "Peace Conference" by Vance Thompson to an informing study of the great department stores by Hartley Davis. Charles E. Russell publishes the second instalment of his series, "Where Did You Get It, Gentlemen?" and Allen Sangree philosophizes breezily on the frenzies of baseball "fans."

Some of the articles in Cosmopolitan Magazine for September, are: "Learning by Doing," by Elbert Hubbard; "Strange Lineage of a Royal Baby," illustrated, by Charles Edward Russell; "An Up-to-Date African Hunt," illustrated, by Max C. Fleischmann; "Pictures," Jack London; "The Sad Case of the Society Play," illustrated, by Alan Dale; "Bernard Shaw on American Women," illustrated; "The New Yosemite Railroad," illustrated, by Edward H. Hamilton; "A Poet and His Poem," by Ambrose Bierce.

Leading articles in McClure's Magazine for September are: "The Weaver's Son," illustrated, by Perceval Gibbon; "Poison Foods," by Woods Hutchinson, M. D.; "The Battle of Missionary Ridge," illustrated, by Carl Schurz; "The Bray of the M. F. H.," illustrated in tint, by Kenneth Brown; "The Confession and Autobiography of Harry Orchard," illustrated; "The Actors and Victims in the Tragedies," by George Kibbe Turner; "The Fight for Reform in San Francisco," illustrated, by Geo. Kennan; "Mary Baker G. Eddy," illustrated, by Georgine Milmine.

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

The Partially Insane. It has been said that the sane majority put the insane minority in insane asylums just as in politics the majority puts the minority out of office. It has been surmised that as the insane minority is increasing so rapidly they will, in time, constitute the majority and put the sane minority in the asylums for acting queer, just as in politics when the minority grows till it becomes the majority, put the former majority in seclusion. We have, however, a very large class of half crazy people who in politics would be designated as "on the fence." In view of this semi-psychic weakness the community in which these semi-unfortunates live owes to them the necessary care and treatment, and to itself measures to protect itself from their misdeeds. Here we find ourselves right in the midst of the question of partial responsibility. It is unjust to punish the partially insane as though he were actually insane. Grassett, of Montpelier, in a very suggestive monograph entitled "Dem Fous et Demiresponsibles" (Bibliotheque de philosophie contemporaire) suggests as a partial solution of the problem that institutions or special asylums be established by the state in which it could take proper care of or punish individuals of partially defective mentality, or the half-crazy people, and that the courts should take proper cognizance of this important and numerous class of people and treat them properly. Grassett considers the born criminal of Lombroso as semi-insane. We find in this group of the semi-insane that the saying that one must have a mind before he can lose it, is specially true. We find in this group many persons of superior intellectuality who have a high social value. Indeed, some claim that they constitute a majority in this class.

* * *

Deaths From Calomel. Fatal cases of poisoning from calomel have become much more infrequent of late years than formerly. Observant medical men attribute this decrease to the greater purity of the calomel of the present time as compared to that of some years ago. Calomel was formerly frequently contaminated with bichloride. The recognition of this fact during the American civil war and the subsequent washing of all the product used by the careful practitioner no doubt saved many lives besides numerous cases of salivation which followed the heroic and frequent administration of calomel in the south. Some cases were probably due to idiosyncracy, but by far the most of them were due to contamination with bichloride, or to changes taking place subsequent to ingestion which changes, many think are the transformation of calomel into bichloride.

Sinnhuber in the Therapeutische Monatshefte, gives the details of a case where a man twenty-four years of age succumbed to the administration of eight three-grain doses of calomel. Although danger signals were thrown out, the calomel was continued for a time and the man died on the twenty-fourth day. Idiosnycratic intolerance of calomel is unfortunately not rare. The tolerance of calomel as well as other mercurial salts is very varied in different individuals. One case is on record where a man took, in the course of twenty-three days, 285.2 grains of calomel without

the slightest disturbance of his system. On the other hand is reported the case of a boy aged fourteen years, who took five grains of calomel, became comatose and in that condition died. In thirty years we find eight fatal cases reported in the literature. Besides these cases are a great number of intoxications which ended in recovery. Calomel should always be administered with circumspection and discontinued on the appearance of the first danger signal.

* * *

Salt Not Incompatible with Calomel. —We must look for other causes than the amount of salt usually contained in cooking to cause the salivation from calomel. Carracido has published his very careful investigations into the truth of the fact that salt as contained in soups and in cooking is incompatible with calomel and as many think converts the calomel or a portion of it into the bichloride. His investigations are quite voluminous and seem to be exact. While he admits that salt does, in an amount far in excess of that used in cooking, exercises on calomel a decomposing effect, the amount of bichloride formed is far below a toxic dose. Among the causes of intoxication, he suggests the formation of colloidal mercury, produced by the action of the alkaline juices of the system—the albuminoids, haemaglobin and so forth—but more particularly cell protoplasm.

* * *

The High Forceps Operation. The importance and seriousness of this operation is quite well known to every experienced obstetrician. This being the case it is important that all information on the subject be carefully husbanded. Rieman has made a careful study of one hundred cases which occurred at the Institute of Midwives at Breslau. The applications were chiefly in the transverse diameter of the brim, one blade on the occiput and one on the face. Foetal mortality amounted to thirty-one per cent. Thus, it is inferred, that twenty-two per cent had taken place before the operation was decided upon. Three of the mothers died of eclampsia though that of course had nothing to do with the operation. Injury to the mother occurred in seven per cent of the cases, and in sixteen per cent the duration of the puerperium was prolonged. The best results occurred when the fetus was in good condition and its head well shaped. In such cases a living child may be extracted when the conjugate measures only from 8—8.75 centimeters. The results are also good in multiparae with the conjugate ranging from 9—10½ centimeters. In ten per cent of these cases there were injuries to the child. In no case was the employment of the axis traction forceps included. Rieman's article can be seen in the original in Monatschrift fuer Geburtshuelfe und Gynekologie xv., 4; also Berliner Klinische Wochenschrift, June 14, 1907.

* * *

Haemostatic Mixture. The Pharmaceutische Zeitung recommends the following mixture:

℞

Sulfo-phenic acid, oz. iss, 45.00
Alcohol rect.....oz. iss, 45.00
Acid benzoici.....dr. i, 4.00
Acidi tannici.....dr. i, 4.00
Glycerine.....oz. iss, 45.00
Aquae rosae.....oz. vii, 210.00

M. S.—The sulfo-phenic acid is prepared by mixing one part of surphuric acid with one-half part of carbolic acid and heating for several minutes in a bain marie or water bath. The benzoic acid is dissolved in a portion of the alcohol and the glycerine, and the tannic acid in the remainder of the alcohol. The mixture is clear, of a straw color, acid taste, caustic but not irritating, and coagulates albumin.

MISCELLANY

SCOPOLAMINE

In the Carolina Medical Journal, for August, Dr. K. P. Bonner contributes an interesting article on scopolamine, its origin, uses and therapy. He mentions the contradictory statements that have been published concerning this article, and concludes this part of the subject by remarking that in bringing this drug to notice, he is governed by his own observations of its action, which he leaves you to take for what they are worth. Thus, using his own senses and his own brain he comes to the conclusion that as an anesthetic, scopolamine is preferable to chloroform and ether, in that it does not have to be administered practically continuously, and does not require watching. Even when chloroform is required in addition to scopolamine, it takes so small an amount as to eliminate the dangers of anesthesia. There are no after-effects; chloroform and ether cause great nausea, vomiting, etc. Scopolamine eliminates post-operative pains, the patient sometimes being twenty-four hours before this effect has entirely left. He considers it much more powerful than hyoscine, from the fact that the latter is not as great a motor depressant as a cerebral sedative. Its action on the centers of sensation is more powerful. In relieving pain it has a great advantage over morphine in that it does not produce the "dopy" effect or great stupor, and there are no unpleasant after-effects. Neither does it have the habit-forming power of morphine. He considers scopolamine indicated wherever a general anesthetic, antispasmodic, analgesic, hypnotic, narcotic, anodyne or anticonvulsant is needed. Its field of greatest usefulness is in obstetrics, in which it is an ideal anesthetic. He considers scopolamine indicated in almost any condition where great pain exists. In fact, he has largely replaced morphine with it, but as a rule uses a small quantity of morphine with the scopolamine. It is applicable in hepatic, renal and intestinal colic, inflammatory rheumatism, trifacial neuralgia, nervousness and hysteria. It is useful in certain spasmodic conditions, such as asthma, hysterical convulsions, and hepatic convulsions. This is certainly a wide field.

GASTRIC IMMOTILITY

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's glycerine tonic compound.

Increased activity of the muscles of the stomach means improved circulation and this in turn exerts a beneficial influence on the secretary functions. Thus, excessive fermentation and other distressing symptoms are logically overcome with actual instead of temporary improvement in the whole physical condition.

Lund carefully studied the phenomena of sea-sickness, and concludes by attributing it to the auditory apparatus. Treatment consists in lowering the sensibility or conductivity of different nerves and benumbing the vomiting centers.—The Practitioner.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X OCTOBER, 1907 No. 10

Leading Original Articles

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 299 September Recorder)

THE DOCTOR AND THE LAW.

For some unexplained reason the law has always shown a disposition to treat the physician as a well meaning, but erring child and his faults have always been looked upon with a benevolent eye by the courts. All the knowledge he is presumed to have is simply that possessed by his brother practitioners in his own community, and after he has complied with certain legal requirements he is practically immune from punishment in his own community for the minor offenses of life.

I presume it would be difficult to find a man who has passed several years studying medicine, and who has complied with the legal requirements of some state, but what thinks he is a "doctor."

Unfortunately, this is true in a very narrow sense; a man may be a physician in one county or state and as soon as he steps over an imaginary line he becomes a criminal, subject to all the pains and penalties of the law. He, of all men, is singled out for drastic punishment, if he oversteps a geographical line and presumes to treat, prescribe or assist in the alleviation of human suffering. He is denied the privilege granted other people, of assisting or giving relief in an emergency; and can do so, only at his peril.

The fact that few are punished for practising their profession in some county other than the one where they are given this legal right is not owing to any defect of the law, but that no one has set its machinery in motion.

Indirectly many physicians are punished for these infractions of the strict letter of the law by the refusal of the patients to pay their bill. If the service has been given outside of the county or state line the physician is an illegal practitioner and cannot collect his fee in court.

This principle was firmly established in the mind of one of our great surgeons who had to deal with a very unscrupulous, but well known lawyer. This gentleman's wife required a very delicate operation, and had an ambition to have the operation done by our great surgeon. It was necessary for the success of the undertaking, that an effort be made to build up her health before she was to undergo the ordeal. Her husband moved her to a suburban town in an adjoining county and after three months she had her operation. About this time

the husband made a "big killing" by securing a chance to rob a large institution that had been thrown into the hands of a receiver, and our surgical friend began to "sit up and take notice," and as soon as the wife was convalescent he sent him a bill for $10,000, just half of what the lawyer had stolen. That gentleman demurred vigorously to the bill but our medical friend was insistent. He was offered $5,000 but declined to take it and brought suit. In defending the suit the lawyer showed to the satisfaction of the jury that the surgeon was an illegal practitioner; that the law denied him the right to practice in the county without certain legal formalities; and that the surgeon should be prosecuted, not only for practising medicine illegally, but for trying to "skin" a man when he had a chance. He introduced several practitioners of another school who testified that they would be glad to do the operation for $100.00. The jury gave him a verdict of one cent and looked as if they would have sent the surgeon to the penitentiary if they had the chance. This great man was glad to accept $200.00 in full for his fee, and another great stroke of surgical financing was a failure, owing to a slight technicality of the law. It seems to be the idea of all our law makers to make every citizen a potential law-breaker. Under the theory of regulation, impractical limits are set that from a practical standpoint it is impossible for anyone to keep within. This theory of law was the outcome of the growth of "graft," and was the response the grafters made to the various reform movements that have taken place in our country.

The demand of the community to suppress lotteries was resisted by our law-makers for some time, when suddenly, in response to public clamor, stringent laws containing several "jokers" were passed. The reformers, having accomplished their task, rested upon their laurels while the police began the raiding of the various companies. In a few weeks no more lottery tickets could be found on sale, and the people gained a great "victory." (?) Later it became evident that certain companies enjoyed protection and could run without molestation, while another one was "pulled" before they could do business for one hour, and no matter what they did, it was found impossible to continue in business.

This was followed by anti-gambling laws to suppress racing, which had no tendency to suppress either form of sport, but simply to confine the profits to the "right" people; and these laws have made millions of dollars for as precious a lot of rascals as can be found in any civilization in the world today.

The same procedure was followed in nearly all of our modern statutory laws, the object being to put into the hands of politicians, who were law officers, an illegal source of revenue. They are only guilty of the technical crime of omission and not commission; in other words, if you want a chance to exploit your fellow man by selling them diseased or impure food, gold bricks, lottery tickets, fake mining stock, or prefer to swindle them with a gambling game, it is the part of wisdom to get "right" with the proper authorities before you spring your scheme. This is usually an easy task if you know the "ropes." It will cost all the way from twenty-five per cent to seventy-five per cent of the profits to get "right," but as long as you don't get "gay" and bring in the money you won't be molested. If you have been very indiscreet and have attracted an undesirable amount of notoriety, you may have to change your name and location after being "pinched," but you are "safe," and never will be convicted. The evidence against you will be suppressed, witnesses intimidated, or an "obstinate" juror is occasionally made use of as any easy way of escape.

The Sunday closing law, the automobile law and others too numerous to

mention, have been a source of great profit to the legal pirates who live by the wayside, and is the modern form of legalizing highway robbery. No special sympathy has been wasted on its victims, however, owing to the fact that the majority of automobile owners have gone out of their way to gather and cherish the enmity of each community. I, myself, while an owner, have never wasted any special gray matter over the offenders and have many times felt an almost irresistible impulse to resort to primitive law to avenge some remarkably stupid action of these "idiots on wheels." My excuse in bringing their troubles before the reader is to impress upon his mind the facst that the law makes a potential criminal of every owner owing to the fact that it is impossible to drive within the prescribed limits. Moreover, while driving through the country we cross section lines that separate different law-making bodies, each one of which requires a different equipment such as bells, whistles, numbers, lights, etc., and their use while passing through their bailiwick so that any owner, no matter how well disposed, is many times an unconscious criminal while taking a day's outing through the country.

Then again, the glaring injustice of our present system is shown in every state law that goes on the statute books. This is not a modern invention, but comes from the earliest known history of legal procedure.

I shall startle my readers when I assert that nearly every law on our statute books recognizes and emphasizes the importance of "caste," wealth or position.

Every law that admits a prisoner to bail or contains a fine for an offense is a "caste law." In other words, it works in the interest of those people who have money or friends and against the poor and friendless human animal. All laws are enforced impartially in one way for the rich man and in the opposite way for the poor man, and will continue to do so until the people wake up and demand that every offender shall give to the state a certain amount of his time, according to the gravity of his offense, and when this time has come, contempt for law will vanish and the exploitation of human being for profit will have come to an end.

The medical profession has always suffered from the competition of the especially ignorant in each country. It would be a hard task to find a city, town or hamlet which did not contain a barber, blacksmith or old woman who did not think they had the local doctor "skinned" to a finish on the knowledge of disease in their particular locality, and had succeeded in impressing their belief on a certain percentage of their community.

Moreover, renegade physicians who were not able to eat the medical "pottage" in contentment, but who thirsted after the flesh pots of Egypt, cut away from the medical corrals and started out to astonish the natives with their wonderful medical lore.

As a general rule these men were good judges of human nature and by preying upon the ingrained superstition of the human race, which has been pounded into it for centuries by the church, succeeded in getting a hearing and by catering to the mysterious and spectacular in medicine, they made many converts and were successful in a material way. They became so platant and dangerous that a desperate effort was made by the ununited medical profession to obtain restrictive legislation that would put these people out of business and incidentally give the medical profession a monopoly in the practice of medicine.

After numerous efforts, laws were finally passed making medicine a protected monopoly and placing the requirements of admission into the hands of a political body called the State Board of Health.

For many years this body was made

up of politicians, owing to the fact that the two recognized branches of the healing art were out in the back-yard having a "killkeney scrap," and after they had gouged and scratched each other to their heart's content a loose friendship was formed so as to allow the contending factions a breathing spell long enough to agree on a few medical men to represent them on the State Board of Health.

These men with an enthusiasm born of inexperience, started in to put the "quack" out of business and made the astounding discovery that this individual was thoroughly protected by a "joker" they had influenced the legislature to put into the law.

Various efforts were made to induce the law-makers to amend the law to exclude the quack, but they were seriously handicapped by the black eyes and general disheveled appearance of the contending factions, and then again it is hard to make a logical and effective plea when you are compelled to watch your friends to see that you don't get a brick under the ear while your attention is distracted for a minute.

The establishment of the State Board of Health was soon followed by the City or County Board of Health, and the trouble of the medical profession began. Laws were enacted by these bodies, or at their behest, making compulsory the reporting of contagious diseases, first of smallpox, and later on a numerous list of diseases. Failure to report them carries a penalty of a fine and has been enforced in numerous cases.

Next these medical gentlemen discovered that physicians were not competent to give vaccination, and moreover that it was the duty of the state to provide protection against smallpox and these two important sources of income were taken from the profession. Physicians were not allowed to take care of a case of smallpox, but are compelled to be the eyes and brains of the Board of Health in finding, diagnosing and reporting this disease without compensation, to the proper authority. Just how an appointment of a doctor to a political office makes him more competent to take care of this class of disease, the law fails to state.

This was followed by the Board taking a paternal interest in the doctor and the family that is suffering from scarlet fever, diphtheria, etc. The patient is visited by the "inspector" in the absence of the doctor. Minute directions are given the family regarding the general management of the case. Literature is left and the house placarded and the physician is enjoined by the law to cooperate with the Department.

Next the state, under the influence of the Board of Doctors, established a charitable eye and ear infirmary, where anyone who desires to economize on their family medical bills can go and get their eye and ear troubles treated and glasses fitted for nothing.

This was rapidly followed by the establishment of general hospitals by the county for the treatment of chronic ailments and emergency work; later by the appointment of school inspectors who visit the public schools to vaccinate the pupils and diagnose disease.

It has been seriously advocated and attempts made to get the Board of Education to establish "surgical rooms," fully equipped with instruments and medicine in each school, so that the "inspector" (usually a young graduate) can give treatment and do emergency work. Of course, this move had the sanction of the "profession" and was only defeated by the good sense of the public and the lack of money on the part of the Board of Education.

It would seem that the time has come for the doctor to wake up and fight for what belongs to him, or to agitate the question, that the time has now come where the State should undertake to furnish all of its citizens with full medical service.

This is unquestionably the outcome of the present movement and in self-de-

fence the profession should fight or help the movement to do away with the present suicidal policy of serving the State for nothing in order to get some unquestionable advertising for the individual.

The maneuvers of our professional Board of Health has succeeded in getting the law changed so that all physicians who graduated over ten years ago are handicapped in changing their location. They must take an examination and upon subjects that were not taught when they were in college.

They must pass an examination upon anatomy and chemistry in competition with the recent graduate; they are expected to give the points of interest upon the petrous portion of the temporal bone or a plan of the brachial plexus; of course, all of my readers can do it off hand (perhaps). As they have found it the most useful information that was taught them in college and without this knowledge presumably they would not have been able to practice medicine successfully; but these questions are a fair sample of the "rot" that makes a doctor under the law.

The Illinois Board has realized the seriousness of the situation from the old doctor's standpoint, and has co-operated with him to the extent of giving him five points for each five years he has been in medical practice up to twenty years. This concession, while made sincerely by the Board, is unjust owing to the fact that the principle of equity should decide that "once a doctor, always a doctor" until a man loses his citizenship upon his conviction of a felony.

The State Boards of several states have asked the power to revoke the license of any physician who may be guilty of unprofessional conduct and some legislatures have tried to grant this power to their respective Boards, and they have only been prevented in exercising their power by their inability to convince the court of the standard called "professional conduct."

These laws are asked ostensibly in the interest of the medical profession and with the object of preventing quackery, practically the attempt to enforce them has always been against some member of the profession, who did not belong to the right clique.

In some states, notably California, no physician can pass the State Board of Health until he learns the "ropes" and it takes one year's time and several hundred dollars to learn them. If you want to practice in this state it is necessary to matriculate in one of the colleges and take special laboratory work for a year and you will succeed in passing the examination without trouble. If you fail to do this your average will be below the passing point.

How much longer is the rank and file of the medical profession going to submit to have laws made for them and be ruled by the medical college cliques? How long before the country practitioner will wake up and realize that these cliques are working him for a good thing? How long before the religious hospital managed by these cliques invades his neighborhood and by means of the "hospital car" see his patient whisked off to the city hospital for treatment and operation?

Already the church hospital is reaching out with its "glad hand" to the country church, so that nearly every suburban church has its hospital Sunday where the literature of the hospital containing the name of some medical college clique as great specialists is handed out in each community, while the "hat" is passed among the "easy marks" in the congregation.

The theory is held out that these institutions are especially charitable when the fact of the matter is, that it is about as difficult to get a charity patient into one of them, as for a camel to go through the eye of a needle.

"They are sorry! But the charity beds are all full! If you will wait a few weeks we will have one."

The truth is that the only charity they do is involuntary; they are compelled to keep the "mistakes" or "carelessness" from the surgical side after their money has run out in order to avoid a possible damage suit and moreover they can't turn them out as no other charitable (?) institution will take the "mistakes" from one another; so that from a business proposition they are well managed by begging money to pay the salaries of the religious grafters who are running it and make up the deficit caused by keeping the "mistakes" and paying no salary to the medical staff.

The medical profession has a formidable competitor. How do you like to compete with an institution which pays no taxes, begs from the public for its buildings and salaries and pays nothing to its medical staff? Do you think it is fair?

If you don't, the remedy is in your own hands; a systematic boycott by the country physician, not only against the hospital, but every member of its philanthropic staff, would make them "sit up and take notice" in short order, for without the country physician our cliques could not prosper and would be compelled to derive their income from other sources, and it is a "cinch" the hospital would have to contribute.

Every physician in the land can contribute his mite towards reforming these institutions and their cliques and now is the time; in a few years it will be everlastingly too late as they are building up a national machine that will successfully resist any individual effort.

NOTE: Two articles bearing upon the relations between the politicians, quacks, etc., and the source of their protection, will be withheld for several months. The State Board of Health has suddenly discovered what everybody else has known, that these are many quacks practicing in Chicago, under assumed names, and who are not registered. I have well worked out the source of their protection, but prefer to suppress its publication, if possible, as I am looking only for results and do not care to destroy reputation.

(To be Continued.)

FUSED HORSE-SHOE KIDNEY

By Byron Robinson, 100 State Street, Chicago, Ill.

In this note I present three illustrations and legends of fused (horse-shoe) kidney, numbers 1, 2 and 3. The problems presented in fused kidneys are: Diagnosis, operative procedures, physiology of the anomalous kidney, jeopardy of renal trauma from mechanical conditions, renal trauma in parturition, relations to adjacent viscera. So far I have observed no report of the diagnosis of a horse-shoe kidney except by exploratory abdominal incision or autopsy.

Fig. 1. Fused (horse-shoe) kidney. Renes arcuati distal (distal renal poles fused). Explanation of illustration of signs. Z right, and Y left renal mass. Ad. adrenals; 2, ureteral pelvis; 3, proxiaml ureteral isthmus. X, renal isthmus. Presentation. Dorsal renal surface. Isthmus renalis. X, parenchymatous. Dimension, liberal fusion. Location, at distal renal poles and also ventral to aorta and vena cava but dorsal to tractus intestinalis. The isthmus lies immediately between the aorta and vena cava (dorsally and tractus intestinalis ventrally). Both ureters and renal isthmus lie ventral to aorta and vena cava. Hilus renalis. Bilateral hilus unicity and nonsymmetry (as to form, position, dimension). Location, on dorsal renal surface. Form, irregular. Dimension, limited (diameters). Sinus renalis. Diameters, marked. Ureter proprius. Bilateral ureteral unicity and nonsymmetry (as to position), symmetry (as to form, dimension). Location on dorsal renal surface. Form (isthmuses—3, dilatation—2) marked. Dimension, normal. Pelvis ureteris.

Bilateral pelvic unicity and monsymmetry (as to form, dimension) symmetry (as to position). Location, on dorsal renal surface. Form, regular. Dimension (right) liberal, (left) limited. Calyces ureteris. Not exposed. Bilateral calicular unicity. Vasa renalia. Insufficiently present in specimen to reconstrue relations. Vena cava and aorta dorsal to isthmus renalis. Topography. Holotopia, excessively medianward. Skeletopia, excessively centralward and distalward. Syntopia excessively intimate with aorta and vena cava. Idiotopia, distal renal poles rotated excessively medianward. Form, Cresentic. Symmetry, practical bilateral symmetry. Surface, lobulated, fissured. Dimension, equivalent to two kidneys. Position, distalward congenital renal dystopia. From the pathologic museum of Rush Medical College through the courtesy of Prof. E. R. Le Count.

Fig. 2. Fused (horse-shoe) kidney. Renes arcuati proximal (proximal renal poles fused). Explanation of illustration signs. Z. right, and Y left renal mass. 2, single central pelvis ureteris. 1, calyces ureteris of proximal ureter. 1a, 1a, calyces, ureteris of distal ureter. X, renal isthmus. 3a, proximal ureteral isthmus of left, and 3 of right ureter. Presentation. Ventral renal surface (upper figure). Dorsal renal incised surface (lower figure). Isthmus renalis. X, parenchymatous, location, at proximal renal ends and also ventral tox aorta, vena cava and ureters. Isthmus renalis intervenes immediately between the aorta, vena cava and ureters (dorsally) and the tractus intestinalis (ventrally), i. e., the great abdominal vessels with ureters and the tractus intestinalis lie on opposite surfaces of the isthmus. The vasa abdominalia magna and ureters lie between the isthmus and vertebral column. Both ureters and vasa abdominalia magna lie dorsal to the isthmus. Dimension, medium. Hilus renalis, bilateral hilus unicity (coalesced) and nonaymmetry (as to position, form, diameter, proximo-longitudinal extensive; dorso-ventral, limited. Sinus renalis, bilateral duplicity and monsymmetry (as to position, form, dimension). Paired. The proximal pair (sinus renalis) is lesser in dimension than the distal. The form and diameter (major, minor) varies. In subject with duplicity of the sinus renalis the dimension is generally less than in those possession unicity of sinus renalis. Ureter proprius. Bilateral unicity and monsymmetry (as to form, position, dimension). Location on dorsal renal surface. The form (isthmuses and dilatation) marked; dimensions, usual. Course, abnormally medianward. The larger lateral renal mass (left) possesses the larger calyces ureterales, pelves, ureteris and ureter proprius. Pelvis ureteris. Pelvis unicus, central monsymmetry. Location, on dorsal renal surface. Form, quadrilateral. Dimension, maximum. (The original bilateral pelvic duplicity coalesced to bilateral pelvic unicity, finally progressive pelvic coalescence resulted in pelvis unicus central). Calyces ureteris. Left 9, right 9. Bilateral calicular duplicity, monsymmetry (as to form, position, dimension). Location, on dorsal surface of bilateral renal mass| Form, irregular. Dimension, irregular. Paired. The proximal pair of calyces ureteris is of less dimension than the distal calyces ureteris unusually localized in renal parenchyma.

Vasa renalia, not exposed (see fig. 3). Right—2 renal arteries and 1 renal vein. Left—2 renal arteries and 3 renal veins. Practically bilateral renal vascular duplicity. Nonsymmetry (as to position). Non-paired. Vasa renalia present, rich upply and marked bifurcation at proximal and distal extremetie. All enter hila except one arteria renalis (which penetrates the ventral renal surface of the left lateral mass) and branch one vena renalis (which penetrates the ventral renal surface of the left laterad

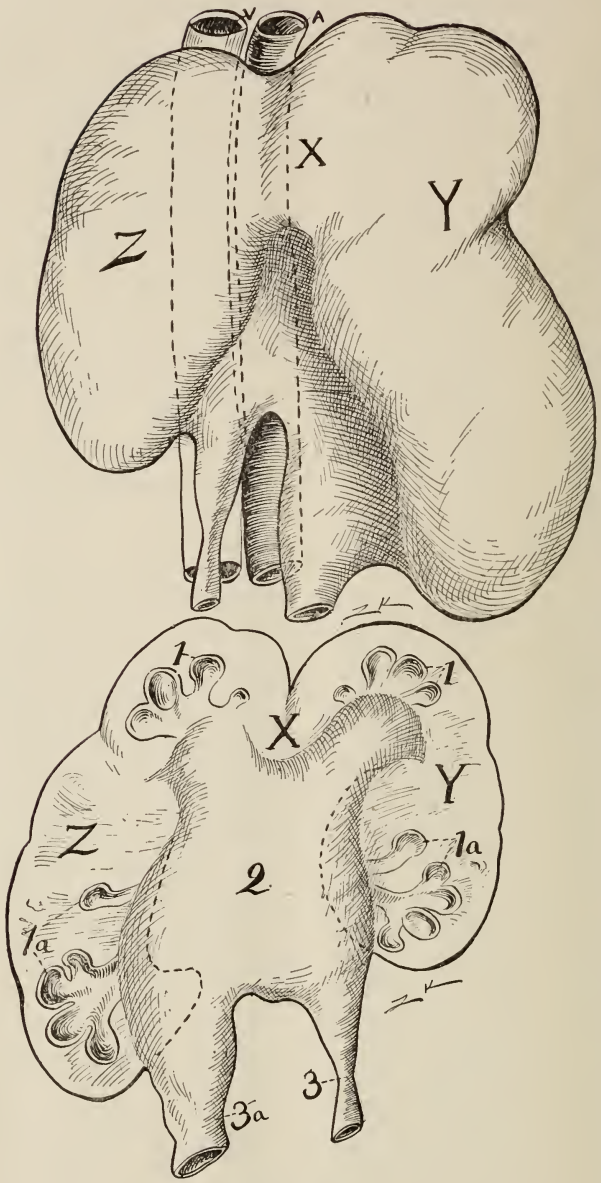


FIGURE 1

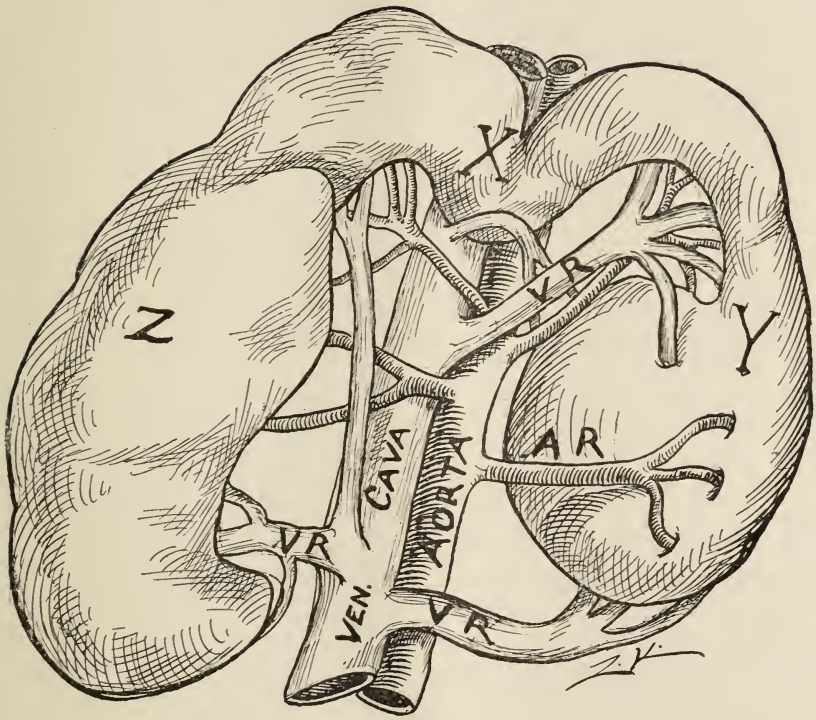


FIGURE 2

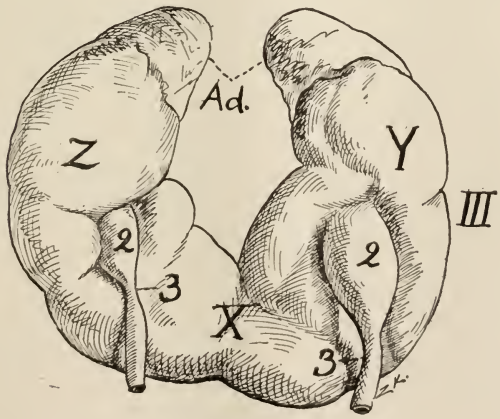


FIGURE 3

renal mass). Location, irregularly distributed along the vena cava and aorta. Renal veins lie ventral to renal arteries. Topography. Holotopia, excessively medianward. Skeletopia, abnormally intimate with vertebral column. Syntopia, excessively adjacent to aorta and vena cava. Idiotopia, proximal renal poles abnormally rotated medianward. Form. Inverted crescent. Symmetry. Bilaterally nonsymmetrical, the chief renal mass tends leftward and proximalward. Surface, lobulated, fissured. Dimension. Equivalent to two kidneys. Position. Congenital renal dystopia (fixed by vessels, nerves, ureteral pelvis. (From the pathologic museum of Rush Medical College through the courtesy of Prof. E. R. LeCount).

Fig. 3. Fused (horse-shoe) kidney. Renes arcuati proximal (renal poles fused at the proximal end Explanation signs. Z, right and y left renal mass. A. R., arteria renalis. V. R., vena renalis. Presentation. Ventral view. Isthmus renalis. X., parenchymatous. Dimension, limited fusion. Location, at proximal renal poles, also ventral to aorta and vena cava but dorsal to tractus intestinalis. The isthmus renalis (and ureters) lies directly between the vaso abdominalia magna (dorsally) and tractus intestinalis (ventrally). Both ureters and isthmus renalis lies ventral to aorta and vena cava. Hilus renalis. Bilateral hilus unicity and monsymmetry (as to position, form, dimension). Form, irregular. Dimension—diameters —(right) extensive, (left) limited. Sinus renalis. Bilateral sinus duplicity and monsymmetry (as to position, form, dimension). Sinus renales, paired. The proximal renal sinuses are less in dimension than the distal. Ureter proprius. Bilateral ureteral unicity. Location, on dorsal renal surface between the bilateral renal masses. The form (isthmuses, dilatation) marked and dimensions are as usual.

Pelvis ureteris. Central pelvic unicity. (Median central coalescence from bilateral pelvic duplicity from which two ureters emerge, non-symmetrical). Bilateral monsymmetry (as to form, position, dimensions). Location, dorsal to isthmus renalis and bilateral renal mass. Dimension, maximum. Form, quadrilateral. Calyces ureteris. Bilateral calicular duplicity. 9 calyces on right and 9 calyces on left. The calyces are distorted in form, symmetry, number, dimension, position. Location, on dorsal surface of bilateral renal mass. Form, irregular. Dimension, usual. Distribution, concentrated in localized renal areas. Vasa renalia. Right two renal arteries and one renal vein, left two renal arteries and three renal veins. Bilateral vascular duplicity, nonsymmetry (as to number, position), nonpaired relative to renal arteries. Vasa renalia bifurcate adjacent to origin, and all enter hila except one renal artery one branch of a vein on left lateral renal mass. A distal vein passes ventral to renal arteries at acute, right and obtuse angles on right to supply proximal renal pole. Renal veins ventral to renal arteries. Topography. Holotopia, excessively medianward. Skeleptopia, excessively intimate with the spinal vertebrae. Syntopia, abnormally intimate with the aorta and vena cava. Surface, lobulated, fissured. Symmetry, nonsymmetrical. Form, inverted crescent. The chief mass os rightward. Dimension. Not equivalent to two normal kidneys. Position. Proximalward, congenital renal dystopia. (From Rush Medical Museum, by the courtesy of Prof. E. R. LeCount).

In the New England Medical Monthly, Holly tells of the case of a woman who took one ounce of powdered belladonna, with recovery. The drug was taken with the object of procuring abortion and seems to have been successful. Free vomiting occurred after the convulsions had commenced, and to this the patient probably owes her life.

ADENITIS—THERAPEUTICS

By W. C. Abbott, M. D., Chicago, Illinois.

Begin by emptying and disinfecting the bowels, a grain of calomel at bedtime, a saline laxative next morning, and just enough calcium sulphocarbolate to deodorize the stools.

See that all the emunctories are free, the eliminants active, nutrition sustained, absorption and assimilation unobstructed.

The personal and domestic hygiene are to be elaborately regulated; pure air, direct sunlight, exactly the right diet properly eaten, baths, exercise.

The indications are then to destroy infection, dissipate exudative debris, and promote the reconstructive processes.

Calx iodata stimulates absorption and supplies material for rebuilding; give three grains a day, well divided.

Phytolaccin is an effective absorbent, dissipating glandular infiltrations. One-sixth to one grain, seven times a day, may be slow.

Nuclein often turns the scale to the side of vitality: give up to one dram of the standard solution daily, dropped on the tongue.

The arsenates of iron and quinine, gr. one-sixth each, and of strychnine, gr. 1-30, four times a day, for a powerful tonic reconstructive.

Calcium lactophosphate, gr. one-sixth every waking hour, strongly favors the rebuilding and strengthening of cells.

Arsenic primarily induces fatty degeneration and is always indicated when debris is to be broken down and eliminated.

The most active form of arsenic is the iodide, gr. 1-67 three to seven times a day.

An effective compound is calx iodata, phytolaccin and stillingin, each gr. 1-3; arsenic iodide, gr. 1-67; nuclein, gtt. 4, four times a day.

The most powerful absorbent is mercury biniodide, gr. 3-67; arsenic iodide, gr. 1-67; iodoform and phytolaccin, each gr. 1-2, three to seven times a day.

Arsenic sulphide deserves extended trial as a germicide: gr. 1-67, seven times a day during suppuration.

Calcium sulphide, gr. 1-6, every half hour to full saturation, as long as suppuration lasts. The one sure germicide.

Chionanthin, a good cholagog eliminant: a grain at bedtime is preferable to calomel, after first cleaning out is done.

Cornin is a valuable tonic when the arsenates are not needed any more; a grain four times a day for a month.

Corydalin is a mild general alterative and may be a useful remedy in convalescence; one grain four times a day.

Echinacea, reputed a powerful hemic and tissue disinfectant; for septic invasions, give small, frequent doses.

Euonymin, iridin, juglandin and leptandrin may usefully be employed as laxatives when calomel is barred.

Iodoform soothes gastric irritability as well as exerting the resolvent powers of iodine.

Iron iodide stimulates absorption and relieves anemia; a grain a day very frequently indicated.

Neuro-lecithin is a very valuable material for the nervous system, especially for the young.

Populin is a tonic that possesses very peculiar qualities and deserves extensive trial to place it properly; gr. 1-6 three to seven times a day.

Quinine hydroferrocyanide, a grain a day, is excellent in the convalescent stage and when slight fever occurs.

A peculiarly sluggish state of such tissues occurs with sexual excess; saturate the patient with salicin.

Sometimes the sluggish tissues require stimulation of their vitality: sanguinarine, gr. 3-67 up to seven times a day.

Stillingin is best known as an antisyphilitic, but is specially stimulating to lymphatic absorption; one to three grains daily.

The iodides of mercury, gr. 1-30, iron,

gr. 1-12, and arsenic, gr. 1-40, form a powerful combination that fits many cases; give three times a day.

DISEASES OF CHILDREN

By. M. A. Blanton, M. D., Baileyton, Tennessee.

(Continued from page 294 September Recorder)

INFANT FEEDING.

In concluding this series of articles on infant feeding we will take up weight, stools, sleep, disposition, development, dentition, etc.

Failure of an infant to make the proper gain in weight, not accounted for by existing diseases, is due, generally, to inadequate nourishment. All infants should be weighed frequently. A loss of weight during the first four or five days is normal—about one-tenth of the infant's birth weight. After a week there should be a steady gain. At five months a healthy infant should have doubled its birth weight, and at one year should have trebled it. It is to be noted however, that the gain during the second six months is irregular, due to dentition, etc. There should be from one to three bowel actions daily, free from curds. The meconium should disappear in about a week. After this the actions should be yellow and acid in reaction.

Infants require a great deal of sleep during the first few weeks. From six to twelve months they should have both a morning and evening nap.

It is said to be normal for an infant to cry from fifteen to thirty minutes daily, but fretting, peevishness, sleeplessness, etc., are abnormal.

With successful nursing there should be signs of healthy development. This is shown in the muscles by the child holding up its head on or before the fourth month, setting with the back unsupported on or before the eighth month, standing by the ninth month, and beginning to take steps at the end of a year.

Dentition should be regular. The lower central incisors preceding the upper ones. The upper incisors should appear before the end of the first year.

So-called "inanition fever" is due to a lack of sufficient food and appears during the first four or five days of the child's life.

The infant should never remain at the breast more than twenty minutes. If the infant takes the breast with avidity and turns away fretting, or refuses to take the breast, the milk is probably too scanty. Under no circumstances should such an infant be pacified by letting it go to sleep on the breast or by giving it a rubber nipple.

The ideal artificial food is cow's milk prepared according to the percentage method which is shown in the appended table:

Constituents	Woman's Milk	Cow's Milk
Fat	4.00 per cent	3.50 per cent
Sugar	7.00 per cent	4.30 per cent
Proteids	1.25 per cent	3.75 per cent
Salts	0.20 per cent	0.70 per cent
Water	87.55 per cent	87.75 per cent

The modification of cows' milk as shown by above table, would consist in first reducing the proportion of proteids. This can be done by diluting the milk. Sufficient sugar must be added to bring the proportion up to seven per cent. If good milk-sugar is not at hand, granulated sugar may do quite as well. Diluting the milk to reduce the proteids diminishes the fat so that cream must be added in order to have the fat in the proper amount. The dilution to reduce the proteids will reduce the salts to about the correct proportion. The acidity of cows' milk may be overcome by adding a little lime-water or seven grains of sodium bicarb to each ounce of the milk. The soda is always preferable where there is constipation.

(To be Continued.)

OBSTETRICAL NOTES

By J. A. Burnett, M. D., Auburn, Arkansas.

It is my intention to make these miscellaneous obstetrical notes of especial value to young physicians.

In most obstetrical cases there is no bag of water presented to be ruptured and occasionally when it is presented it is hard to tell it from the head until it gets low, when between pains it can be discovered and ruptured. It is best to not rupture it until it is low if labor is progressing all right, and it is not necessary to rupture it at all as it will rupture itself when low enough.

Cimicifuga (black cohosh) is of much value in preparing women for an easy labor. It should be given in small doses during the last month or two of pregnancy. The following formula has been suggested for the same purpose:

℞

Fld. ext. cimicifuga.....ʒj.
Fld. ext. black haw.
Fld. ext. mitchella.....aa ʒij.
Fld. ext. pulsatilla.....ʒss.
Aqua, q. s.....℥iv.

Sig.—Dose, teaspoonful every four hours in water.

In place of water, simple elixir, simple syrup, or elixir lactated pepsin could be used, which can be kept on hand without spoiling.

During the first stage of labor the rectum should be thoroughly emptied by injections of water or water, soap, soda and glycerine.

It is claimed that a firm, steady pressure on the clitoris for about fifteen minutes will assist in dilatation of the os uteri. In most cases I find nauseating doses of lobelia sufficient, as it will produce relaxation and arouse the sympathetic nervous system. If the pulse is not full, combine it with capsicum and if desired it can always be combined with myrica.

When the labor pains are not hard enough or fade away, caulophyllum (blue cohosh) can be used as it will steady true pains or relieve false pains. In most cases it should be combined with myrica and if the pulse is not full it should be combined with capsicum.

Equal parts of lobelia, myrica and capsicum, given freely, will arouse the true labor pains in any stage of labor and is safe. It is a substitute for ergot to arouse true labor pains when they are not hard enough and for post partum or ante-partum hemorrhage.

A hot infusion of Thomson's composition injected into the rectum will usually cause the placenta to be expelled. If it is adhered to the inside of the womb the hand must be inserted and the adhesions broken up and then expelled. It does not cause very much pain to insert the hand, provided it is well oiled or greased and there is no need of injections being used if adhesions have existed. I have inserted my hand in several cases to expel the placenta and have never caused any bad effect from it, but do not recommend such as a rule for it is not necessary.

After pains can be relieved with diascorea or viburnum opulus or hyoscyamus. I have used hyoscyamus for this condition in several cases with good results. I give powdered extract in one grain doses every two or three hours as needed.

I consider lobelia one of the best remedies for puerperal convulsions. It should be used freely and by both mouth and rectum if needed. Purgatives and diuretics should also be given. I would recommend three twenty-grain doses of potassium nitrate in alternation with three ten-grain doses of calomel, beginning with the calomel and give every half hour, making a dose of each medicine come every hour. For temporary effect I would give the morphine hyoscine and cactin compound anesthetic tablets hypodermically. The hypodermic use of veratrum is highly recommended for this condition.

Puerperal fever should first be treated by cathartics and diuretics and then followed by echinacea. The double sulphides as recommended by Dr. W. H. Burgess, of Avondale, Tenn., deserves a thorough trial in this fever.

Dr. M. G. Price, (Medical Summary, November, 1899) says:

The following mixture applied freely to the perineum permits large heads to pass it without a tear—it acts quickly.

℞

Chloroform .....℥ij.
Etheris .....℥j.
Spirits odoratus .....℥xvj.
M.

It is claimed that Goodell's rule for diagnosing pregnancy was that the cervix was as soft as your lips when pregnancy did exist and hard as your nose when it did not exist.

If there is retention of urine after labor it can nearly always be relieved by a large rectal injection of hot normal saline solution. A heaping teaspoonful of table salt to each pint of hot water. This will nearly always do away with the use of the catheter.

The cord can be cut as soon as the child is born, or wait until pulsation ceases or partially ceases. It is not necessary to dress the stump of the cord with anything only a greased cloth applied over it. It is sometimes dressed with glycerin, boric acid, sodium bicarbonate, myrrh or most any antiseptic.

After confinement, if the breasts threaten to cake up or do begin to cake up, nothing will equal a calomel purge, As calomel is a glandular remedy it will beat phytolacca so far that phytolacca cannot be compared to it.

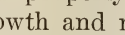
Dr. T. A. Son, in July, 1906 American Medical Journal, claims that a solution of muriate of ammonia, one ounce in a quart of water, is specific for mammitis. Cloths are wet in this solution and applied locally as hot as can be borne, is the way it is used.

When young children, new-born babies do not urinate, nothing is better than water melon seed tea.

Viburnum prunifolium is probably the best known remedy to prevent abortion. It should be given in drachm doses of the fluid extract every hour until better, then less frequently. Small doses are not sufficient to do the work.

There is no remedy that will start the lochial discharge quicker than leonurrus coardiaca if given in hot water.

"If I had been taught less about the names and origin of muscles and nerves and more of how to get along with fussy invalids and their friends; less chemistry and pharmacy, and more how to deal with cooks, and to get the hospital clothes washed properly and on time, less of self-growth and more of how to buy supplies; if I had had a few lectures on how to keep books, I could have dispensed with a good many lectures I did get, and would have been saved hours of worry and wasted energy; and the hospital would have been better off," said a superintendent of a small hospital four years after graduation.—National Hospital Record.



The Journal of the South Carolina Medical Association speaks in no uncertain terms of the "crime" of some druggists who sell cocaine. He says that the blind-tigering of whisky and beer mildly compare with the seriousness of this traffic. "The man who for a few paltry cents will deliberately assist a weak and degraded fellow creature faster into the clutches of a practice that must inevitably damn him, not only to physical torture, but to a hopeless, ultimate wreckage of mind and morals, deserves nothing but the most stinging contempt for the inherent rottenness of his heart and soul." These are pretty strong words.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

MEDICAL JURISPRUDENCE

Questions Used by Texas Medical Examining Board, April 30 and May 2, 1907.

1. What do you understand by civil malpractice and criminal malpractice?

By civil malpractice we understand that a physician may be held responsible for an incomplete cure or a permanent deformity that is directly traceable to his neglect or want of skill. Suits brought against physicians for civil malpractice are for damages.

By criminal malpractice we understand that there is the taking of a life involved as in the unlawful production of abortion, etc.

2. What is the value of a dying declaration in court and what should be observed by the physician at the time same is given?

A dying declaration is accepted in law without being sworn to. It is presumed that all statements made by persons at such a solemn crisis must be sincere. The attending physician under such circumstances must observe the condition of patient's mind and the surroundings in general.

3. What do you understand by a coroner's inquest?

In cases of persons dying from violence or after an illness of less than twenty-four hours, no physician having been in attendance within said time, or that there were suspicious circumstances connected with the case, a coroner is notified by someone interested in the case. Coroner must hold an inquest over such bodies to ascertain how and in what manner death occurred. A coroner has an enormous amount of authority.

4. How would you determine whether a person found dead has committed suicide or was murdered?

In cases of persons taking their own lives, the mouth, forehead, the region over the heart, etc., are usually chosen if firearms are used; the throat or heart if the wounds are inflicted with cutting instruments. Incised wounds of the throat, especially if the direction of the wound be from left to right, the deceased being right-handed, are usually regarded as presumptive of the death being suicidal. A homicidal can often be distinguished from a suicidal wound by its direction. It is often very difficult to determine whether a wound is suicidal or homicidal, as insane persons will inflict wounds upon themselves, in committing suicide, in the most inaccessible parts, such as the back of the head and neck. The history of the case must be taken into consideration as well as the surroundings in general.

5. From a medico-legal standpoint what would you do if called to see a patient before death who was suspected to have been poisoned?

In such a case we would be compelled to rely largely on evidence of poisoning derived from symptoms. In considering the symptoms presented by a person supposed to have been poisoned it is most important whether at the time of the attack the person was well, whether the symptoms appeared shortly after taking food or drink if any other persons were similarly affected. The great difficulty experienced by medical examiners in determining, from symptoms alone, whether a person has been poisoned, arises from the similarity between the symptoms of disease and those due to poison. For example, the symptoms of cholera, cholera-morbus, peritonitis, ulcer of the stomach, resem-

ble closely those due to irritant poisons, as arsenic. On the other hand the effects of narcotic poisons, such as opium, chloral, etc, may be mistaken for apoplexy, inflammation of the brain, or some cardiac disorder. A specimen of the contents of the stomach should be obtained if possible, for a chemical test. The physician when called to such cases should proceed slowly and guardedly.

6. If called to view the body of an infant, how would you determine whether it was born dead or had lived after its birth?

In cases of infanticide the child is generally born at full term with the following appearance: Remains of the vernix caseosa are found behind the ears and in the armpits, the hair is dry and clean; the eyes are half open and can't be kept closed; the ears do not lie close to the head; the caput succedaneum is well marked; the thorax is distinctly arched and the diaphragm depressed. A dead child is usually covered with the vernix caseosa; the hair is agglutinated; the eyes are closed; the ears lie close to the head; the thorax is flat and unexpanded; the lungs lie in the posterior part of the thorax, and do not crepitate upon pressure. The lungs may now be taken from the body and placed in a spacious vessel containing distilled water at 62 degrees F.. If the lungs float upon the surface of the water that will prove that they have been aerated—a very strong presumption that the child has breathed. The lungs should now be divided into small pieces, compressed, and then tested separately in the same manner. If, after compression, all the pieces float very complete aeration would be indicated.

7. Mention a few symptoms that would lead you to suspect sanity in a criminal?

We would suspect sanity in a criminal when the particular crime was incidental to a life of crime; the last act, perhaps, of a long list such as hardened criminals but not insane persons might be expected to commit. Another point is whether the culprit endeavored to escape, it being well known that insane persons exhibit a perfect indifference as to the consequences of their acts. Remember that insane persons never admit their insanity while those simulating insanity are always anxious to impress everyone with the fact that they are really insane. Malingerers usually feign mania. As all maniacs are supposed to be violent the maligerer usually overacts the past. The imposter generally sleeps soundly while the maniac is as violent by night as by day. Dementia is more difficult to imitate than mania and is more readily recognized as a fraud being disclosed by the slightest reasoning manifest by the individuals.

8. Give some general rules to be observed in giving expert testimony.

In giving expert testimony the physician should make his statements pointed, so as to be easily understood by every one. He should not suffer himself to lean to either side, but relate facts as to the case in question. Physicians should never allow themselves to become shattered or nervous.

9. What do you understand by the term "medical expert witness?"

A medical expert witness is one who testifies to matters of facts concerning which he has special professional expert knowledge. He is called on by the prosecution or defense to give an opinion or testimony as to facts of which he has no personal knowledge, but concerning which he is especially qualified to express an opinion on account of his professional training.

10. What do you understand by personal identity?

By personal identity we understand it is that peculiar characteristic which enables us to differentiate the person in question from all other persons. This difference might be in a peculiar form or facial expression; a scar or scars from wounds inflicted in a peculiar way.

Dead bodies may be identified in a number of ways. For example, the celebrated case of Dr. Parkman, who was murdered in Boston, the remains of the deceased were identified to quite an extent by a dentist who, three years previously, had made a set of artificial teeth for Dr. Parkman.

11. If called to view the remains of a person at the place found dead, relate briefly what you would do.

If a physician is called to view a dead body in the place found dead, it is very important that all the surroundings be critically observed. If the dead body be found in a room, for example, its condition should be noted—whether the room was in order or confusion. The floor, walls, doors and windows should be carefully examined for blood-stains or other stains, foot-marks, etc. The clothing of the deceased should be noted. In fact, nothing of any kind which would apply to the case, directly or indirectly, should be overlooked. The physician should refrain from talk as much as possible.

12. Give very briefly how you would hold a postmortem on a person found dead.

After weighing, measuring the height and thoroughly examining the body the internal examination should begin. This should begin with the head, except in cases of asphyxia. If the head is opened first in asyphxia the blood is apt to run out of the right side of the heart. The scalp is divided and the contents of the skull examined. The base of the skull should also be examined for fractures. The spinal column should be opened next and examined its entire length. The thorax and abdomen should next be opened from the root of the neck to the pubes. All the organs contained therein should be inspected "in situ." The stomach should be ligated at both the pyloric and cardiac orifices, each end being secured by two ligatures. Then it should be removed by cutting between the two ligatures at each end and placed in a clean glass jar. The intestines should be removed and preserved in like manner. The remaining organs should be carefully inspected and portions preserved for microscopical examination when deemed necessary.

M. A. Blanton, M. D.
Baileyton, Tenn.

THE TREATMENT OF ECZEMA

In the treatment of eczema an emetic of lobelia given occasionally will be of much value—in fact these emetics should not be overlooked if the patient will tolerate them.

The bowels should be kept open freely with berberis aquifolium compound. For full information on this compound see my articles, "Berberis Aquifolium Compound," in March, 1907 Eclectic Review, and another one by the same title in May, 1907 Physio-Medical Record.

Dr. F. P. Davis has the following to say: (Sept., 1906 Medical Arena).

"For eczema a saturated solution of calcium chloride applied two or three times a day, gives good results. If the surface is raw, pulverize and use a dusting powder. This will cure a majority of cases with promptness that is surprising."

Four ounces of tar, one ounce of mutton suet, and half an ounce of olive oil melted together, and then Canada balsam and sulphur, of each one ounce. Apply this three times a day with a soft brush, first removing the scales by poultice if dry and hard. Wash every third day with saleratus water and do not use soap. This is said to cure eczema in any form, also tinea in fifteen days. It has cured cases of thirty years' standing.

Dr. Geo. R. Fellows claims that the following will give immediate relief and cure all forms of ecema.

℞

Lac sulphur .....ʒij.
Zinc oxide .....ʒj.

Ichthyol.....ʒss.
Menthol .....gr. xxx.
Vaselin.....℥iv.

M. Sig. Thoroughly rub in each night after washing with sulphur soap or some germicidal soap.

The following is used by Dr. O. Nobell in dry, scaly and itching eczema.

℞
Saturated solution of
Sodium hyposulphite .....℥iij.
Saturated solution of
Carbolic acid .....gtts. x.
Oil of sassafras, a few drops.

M. Sig. Apply locally two to four times a day.

The following is recommended by the late Dr. J. P. Bordon of El Dorado, Oklahoma, as an application for eczema:

℞
Tannic acid .....ʒiv.
Phenol .....ʒj.
Fld. ext. hydrastis .....ʒij.
Glycerin, q. s.....℥viij.

Sig. Apply locally.

The doctor used this either on the skin or mucous surface when an astringent was needed. It would no doubt be of value in gonorrhoea.

Dr. H. C. Latimer, of Chicago, recommends thirty grains of silver nitrate in an ounce of sweet spirts of niter, to be applied once a day with a camel's hair brush, and followed up with diachylon ointment in half-strength for eczema of the genitals of either sex.

Eczema is often a very hard disease to treat successfully and it requires a great variety of treatment to meet all cases.

J. A. Burnett,
Auburn, Arkansas.

An unscrupulous druggist would ruin the practice of the busiest and best physician in the town, and sometimes the physician has to resort to filling his own prescriptions.—Editorial, Modern Eclecticism.

ALOIN

Aloin is the active principle of aloes. It increases the gastric and intestinal secretions, the secretion of bile, intestinal peristalsis, especially of the large bowel, and causes pelvic congestion. The hemorrhoidal veins are enlarged and its over-action causes hemorrhoids. It is contraindicated in hemorrhoids, pelvic inflammations, menorrhagia, metrorrhagia, proctitis, and pregnancy. It has been used to procure abortion, incorporating with myrrh, iron, savin and other emmenagogs. Aloin is slow in action, taking eight to twelve hours to produce several dark mushy stools. Usually aloin causes griping and is combined with atropine and strychnine to prevent griping and to increase peristalsis. The dose is gr. 1-12—1-6, to effect.

The field of action of aloin is well defined. It will prove useful in constipation of sedentary sluggish habits, but should be given in small doses. By reason of its action in causing pelvic congestion it is indicated in delayed menstruation in anemic constipated women. In chlorosis, combined with iron, it is a useful remedy. In chronic constipation with pelvic engorgement, aloin in small doses is often beneficial. Very often it causes tenderness in the hypogastric region from ovarian engorgement, even in those cases where there has been no complaint of utero-ovarian trouble. In plethoric women with scanty menses, aloin is often useful.

When iron constipates, aloin in minute doses counteracts this effect and also increases gastric digestion.

Mental sluggishness, "the blues," melancholia, are relieved by aloin with intestinal antiseptics. In amenorrhea, give a few days before the expected period with sanguinarin and iron.

Aloin, atropine and cascarin compound is an excellent cathartic in indicated cases. This combination contains

podophyllin, capsicum, and strychnine also.

For the cure of chronic constipation, the anticonstipation granule (Waugh's laxative) containing in the alkaloidal formula, aloin gr. 1-25, strychnine sulph. gr. 1-500, atropine sulph. gr. 1-2500, oleoresin capsicum gr. 1-500, emetine, gr. 1-500, bilein gr. 1-250, is usually successful. One granule may be given every hour during the day to produce one movement daily, or three granules before each meal, increasing to four or six if one stool is not produced, and decreasing a granule at every dose when more than one stool is produced.

R. J. Smith, M. D.
Schenectady, N. Y.

OBSTETRICAL REPORT

The following brief report of an obstetrical case may interest Recorder readers.

About two years ago I was called to the bedside of a robust, single, white woman. I found her in the last stage of normal labor and while hasty preparations on my part were going on, getting ready to deliver her, she seemed to be very anxious to see her baby, assuring me that she was afraid that it would be "mother marked" by being "dark skinned." Everything ready, I delivered her of a white girl baby, in all appearance an eight months' conception. Handing this one to a woman friend of hers, and she calling me back, I very soon delivered her of a full term, genuine black boy baby. I have been practicing medicine for twenty years and my work has run into a very large obstetric one, and hence it has been my misfortune to deliver quite a number of mulatto babies, and in all my work of this kind, this one (as she expected) was very dark—the darkest of them all.

My convictions are (and I am borne out in them by after knowledge) that the dark one was a full term by a colored man and the other an eight months' baby by a white man. I am truly sorry that those babies were born in a very cool spell in the spring and not being properly cared for, the white one died, only living five hours, and the colored one fifteen. In their management I could plainly see that the mother cared nothing for them, but so anxious was I for them to live that I begged the women present for some old woolen cloths and shawls (the best they had) and built a fire and left them on the hearth breathing nicely.

After this I learned that nine months prior to this she lived with a black negro, hence her expecting it to be "dark" as she stated, and one month later or eight months prior to their birth she menstruated and was living with a white man.

I have another case to report soon of a "vaginal septum" that will be of interest to the obstetrician.

G. E. Flowers, M. D.
Granite Falls, North Carolina.

J. W. Dailey, in Northwest Medicine, says that the indications in pseudo angina pectoris are the same as in the true form of the disease. That is, the nitrites and morphine, and cardiac stimulants. Tea, coffee and tobacco are to be forbidden. We have found the combination of glonoin, hyoscyamine and strychnine arsenate, especially valuable in both the true and false form of angina. In the latter, however, the attention must be given to the digestive system as flatulence is one of the most common causes of the paroxysms.

Aestivoautumnal Fever. The bowels should be well moved before stimulating the liver, else there will be distressing bilious vomiting, uncontrollable until the bile is passed out by the natural channels.—G. D. Marshall, Central States Med. Monitor.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

BIER'S TREATMENT BY HYPEREMIA.

Treatment of surgical inflammatory conditions by artificially induced or increased hyperemia of the affected part, according to the teaching of Prof. Bier, has become a well established method in Europe, but has won only slow recognition in our country. It is gaining ground, however, with us; the men who have used it cannot praise it enough, and frequent references to it appear in our journals.

The proposition that a disease condition should be improved by causing an exaggeration of its principal symptoms is startling at first. Heretofore the object of the treatment of inflammation always has been to combat, singly or in combination, the cardinal symptoms of inflammation, heat, swelling, redness with the accompanying pain. But modern pathology has given us a new conception of the character of the inflammatory process. We know now from the labors of Metschnikoff and his school of biologists that blood stasis accumulation of leucocytes and proliferation of cells at the point of injury, constitute the normal means of defense and reparation of the animal organism. Bier's method is in complete accord with this new conception. It aims not at suppressing inflammation by combatting the forces of nature, but at reinforcing them by augmenting the ordinary hyperemia or inducing it when not present. The means of accomplishing the object are simple and within the reach of all.

The hyperemia may be active or passive. Active hyperemia is induced by the use of super-heated, dry air, introduced into a receptacle into which the infected part is enclosed. Bier, himself, has designed a variety of receptables fitting different parts of the body. But a common paste board or wooden box may be made to answer the purpose, or the reasonably cheap apparatus found in the market. Passive hyperemia is produced by constricting the limb with a soft rubber bandage, about one and one-half inches wide, applying it slowly and evenly, the turns overlapping slightly. The bandage must be sufficiently tight to impede venous return, but not to shut off the arterial supply. It must not cause pain either at the point of application or at the seat of injury. The application is followed by a change of color below the bandage to a bluish red, a slight increase in warmth and some swelling, the pulse remaining entirely unchanged. If the part becomes cold and the pulse weakened, the constriction is too tight. The bandage is best placed at a considerable distance from the seat of disease, e. g., in tuberculosis of the wrist joint above the elbow. It remains on for about twenty minutes, to be re-applied two or three times in twenty-four hours. In Bier's clinic, when treating tuberculous joints, it is used from one to four hours a day, but not uninterruptedly. In parts of the body where constriction is not feasible, as the female breast, dry cupping is resorted to. Cups in a variety of shapes have been designed for the purpose.

The advantages claimed for the new method of treatment are prompt cessation of pain, quick repair and more complete restoration of function. Its range of applicability is widening constantly. At first used only in cases of gonorrheal and tubercular arthritis, it is now used also in fractures, bone felons and various injuries and infections. The journals are full of reports of satisfactory and even brilliant results obtained. Its greatest triumphs are still

gained in the various chronic joint affections, except when there is hydrops. The treatment is contraindicated in erysipelas, venous thrombosis, diabetes and syphilis.

In Germany the method is thought of such importance that it formed the subject of discussion at the German Surgical Congress of 1906. Bier has recently been called to Berlin as successor to the late Prof. von Bergmann. This brief review of the subject is for the purpose of inviting further study of it by our readers.

NON-VENEREAL SYPHILIS.

Although for many years physicians have been aware that syphilis may be transmitted in other ways than by sexual congress, it is to be feared that the possibility is often lost sight of. Physicians, from the nature of their work, are particularly prone to the contraction of extra-genital chancre. But, nevertheless, the true character of such a sore on account of its unusual location, is often not recognized until late symptoms develop. Syphilis should always be thought of, when a sore appears on a physician's hand which is stubborn to heal.

The ways in which syphilis may be communicated are varied and numerous. That a healthy nurse may be infected by a syphilitic infant and vice versa, the nursing by the nurse is taught in all books and therefore generally remembered. At a hospital clinic in Paris a case of indurated chancre of the tonsil was shown caused by cauterization with a stick of nitrate of silver which had previously been used on a chancre, and a series of twenty-seven persons infected by the passage into their eustachian tubes of a catheter which had been cleansed only by rinsing in water. These are extreme cases, examples of criminal carelessness, and not to be duplicated, we trust, in American practice. They emphasize, however, the need of constant care and vigilance. A rarely suspected cause of non-venereal syphilis is pointed out by Dr. H. A. Robbins of Washington, D. C., who says it is a well known fact that in Cuba the most expensive cigars carry the chancre poison, having been licked by the lips and tongues of the maker to make the ends secure The nasty practice is not confined to Cuban cigarmakers alone. It used to be universal and can still be seen in many shops everywhere. That a proportionately large number of cigarmakers are affected by venereal disease is well known to physicians. No doubt syphilis is transmitted in this way and the wonder is that smokers are not more frequently infected. It may be mentioned, incidentally, that another great danger lurks in cigars thus made, namely, infection with tuberculosis, which is very frequent among cigarmakers, especially those crowded into the tenements of the large cities. If you must smoke cigars you run the smallest risk by smoking only those made by machinery.

Syphilis has been known to be spread through the loaning of a pipe from one man to another. It is a sort of camaraderie quite common among laborers, fellow campers, students, soldiers, etc. It is dangerous and should be discouraged. It is rather surprising that syphilitic infection cannot be traced more frequently to barber shops. Although strict orders for sterilization of razors and other tools are given by health boards, they are observed by the average barber in a very indifferent manner and physicians are aware how frequent venereal diseases are among barbers.

Kissing certainly makes, at times, innocent victims of syphilis. Some matter of fact reformers have recently preached against this form of manifesting affection peculiar to white races alone as silly, meaningless, and insanitary, but we need not expect that the crabbed counsel of science will prevail against the promptings of sentiment The common drinking cup of public fountains,

halls, schools, railroad coaches, etc., is beyond question a potent dissemination of all kinds of infections and contagious diseases, presumably also of syphilis. How to abolish this danger, present always and everywhere and hard to avoid, is a great problem. These and other dangerous possibilities should always be kept in mind by physicians.

ICE AND TYPHOID FEVER.

If anything is to be looked on as settled it is the causative relation between typhoid fever and polluted water or ice. It is accepted teaching that the germs of typhoid fever are not killed by freezing and that they are known to live in ice for long periods of time. But a report made to the last session of the A. M. A. by Dr. Wm. H. Park of New York, obliges us to modify our opinions in this regard.

A series of experiments made by him and a few others demonstrates that freezing kills a large percentage of typhoid bacilli While these are abundant in ice during the days immediately after freezing, they diminish constantly, until at the end of two months less than one per cent of the original number survive. Every week that the ice is stored the danger of infection from it becomes less, so that at four weeks the ice has become as much purified from typhoid bacilli as if subjected to sand filtration. At the end of four months the danger becomes almost negligible and at the end of six months entirely so. The ice experimented on was taken from the Hudson River, which is known to be contaminated with typhoid bacilli. These findings are corroborated by clinical observation. Dr. Park was unable to find more than two or three instances in which an outbreak of typhoid fever could be traced unmistakingly to ice. As the newly harvested ice goes into domestic use in New York City in March, April and May, there should be a decided increase of typhoid fever during these months, if ice produced it. But the records for the last ten years show no such increase. Many of us have wondered before why the unrestricted use of ice which, judging from the sources from which it is taken and the carelessness with which it is handled by dealers and users, must be contaminated, is not followed more frequently by disease.

Still, while ice may be less dangerous than we thought, it is safer to caution against its use in drinks, on butter and vegetables.

VARIOUS OPINIONS.

Aronstam says that in Berlin they treat syphilis mainly by hypodermic injections of atoxyl twice a week.—Medical Monitor.

Typhoid Fever. Reed, in the Medical Brief, says, do not give whisky, but an abundance of wholesome, nourishing ice-cold grape juice.

Epilepsy. Activate the catabolism of spasmogenic wastes through the adrenal system and avoid drugs that depress this function.—Sajous, Mo. Cyc.

Nuclein injected into the tissues, is quite an addition to the power of the living body in the production of a fighting force of leukocytes.—Burke, Medical Herald.

Many young women have been said to have gastric ulcers simply because they had hematemesis. Morbid anatomy reveals no such excess of gastric ulcers. —White, B. M. J.

The scientific prevention of tuberculosis is not a crazy crusade against every particle of death floating in the atmosphere, nor the inhuman practice of treating its victims as though they were so many leopards, but by fortifying our systems we can make it impossible for tubercular disease to exist, and by living under proper hygienic conditions we can usually cure the disease in its incipiency without therapeutic aid.—Bryce, Southern Clinic.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 OCTOBER, 1907 No. 10

DISPENSING

The question of dispensing by physicians and the relations of physician and druggist refuse to down and are continually up for discussion. The druggists, instead of taking means to bring the two callings closer together, are only widening the breach. At the recent national meeting of the druggists in Chicago it was proposed to get the legislatures to pass laws prohibiting physicians dispensing. Such laws will be introduced in some of the legislatures this winter and it behooves physicians to oppose such a law. We do not believe such a law as that would stand even if passed. The druggists have overlooked the fact that if such a law were enforced they would only increase their own competition. Many physicians desiring to dispense their own medicine would open drug stores and employ drug clerks to attend to them.

Dr. W. S. Rutherford has a very pointed article on the subject of dispensing in the Medical Council. He says:

"How many drug clerks will refuse to mix up something for a lay person coming into the store and in all confidence telling his numerous symptoms? Not one in a thousand, in my estimation, and physicians are wholly to blame for this state of affairs. Would not a layman much prefer a consultation with a physician instead of a drug clerk, receive his medicine from his adviser, and be asked one fee in payment of both? It is the well-known fact amongst lay people that the doctor in many instances, after receiving his consultation fee, sends his case to the drug store, to be charged several dollars more for some proprietary medicine which he (the patient) could have bought himself—I say it is this well-known fact which drives so many hundreds into the drug stores for advice(?). It is this apparent saving of one fee which is the all-alluring bait. The average druggist's income from the practice of medicine is much greater than the average physician's.

"When doctors know that such a state of affairs has always existed, why do they not take the matter into their own hands, do their own dispensing and cease writing prescriptions to be peddled by their patients and filled and refilled over and over again? As for druggists and physicians getting together and 'talking it over,' that is all rot. Druggists are business men, the majority of doctors, unfortunately, are not, and we would soon find ourselves again writing prescriptions to enrich others."

EDITORIAL NOTES

The Pharmaceutical Era calls attention to the growing practice of taking bitter beverages.

The Medical Record for August 31 contains an excellent article on weak foot by Royal Whitman.

Daniel, in the Texas Medical Journal, makes some exceptions to the new Board of Medical Examiners.

A new series of illustrated articles on surgery by Dr. C. C. Miller of Chicago will begin in the November Recorder.

W. Hale White made his address in medicine before the British Medical Association this year—"A Plea for Accuracy of Thought in Medicine."

The Medical Fortnightly strongly objects to the Greek as an emigrant and wonders how those of St. Louis could ever have passed the emigration inspection.

Hirst advises the forceps in all obstetric cases where the presenting part remains practically stationary for a period of two hours during the second stage of labor.—Oklahoma Medical News Journal.

It seems that it will be well worth while for every physician to co-operate with the Public Health Defense League in its excellent work of educating the public.

Webster says that value of jaborandi in acute articular rheumatism is probably not equaled by that of any known remedy. Try a hypodermic of pilocarpine, 1-6 gr.

Harrigon, in the Medical Brief, suggests that widespread epidemic of influenza or malaria may be due to the passage of the earth through masses of carbureted hydrogen.

Lawrie says that if Syme's rules are obeyed the chloroform in the blood is never more than the anesthetic amount, well within the limits of safety. Syme said: "We use no apparatus whatever, and never continue beyond the point where the patient is fully under the influence of the anesthetic."

The Chironian says that the Committee on Prevention of Tuberculosis, in New York City, advertises its suggestions on the transfers given on the street cars.

Editor Jones of the Minnesota State Medical Journal is back at his desk, and the anonymous party he permitted the privilege of occupying the editorial tripod is ungrateful enough to say he is glad of it.

The National Hospital Record recommends an eight-hour day for nurses, with three separate sets. As that would be only seventy-five dollars a week, the justice of the suggestion to the patient is obvious. Isn't it?

Fever in tuberculosis is probably due to the absorption of toxins from both the tubercle bacilli and the germs involved in the secondary infection.—Raymond, So. Med. & Surg. Much of it is from fecal absorption.

The Lancet-Clinic, urging the physician to enter into politics, enumerates seven freak laws, which were proposed before the legislature of a western state during its last session. The suggested laws are certainly amusing.

Sometimes organization does good—the Equitable and New York Mutual have returned to the five-dollar fee for life insurance exams . This victory was won by the practically unanimous refusal of medical examiners for a smaller fee.

The Hospital Record, for June, has an excellent article on aconite by Dr. J. Knickerbocker, of Geneva, which was read before the Ontario County Medical ociety. The printer has done his best to mutilate the article, but still it contains much interesting and valuable material.

If you are quite sure of being well up in modern medicine read Allen's article on Phagocytosis in Sputum, in the N. Y. M. J., and see if you fully comprehend it without referring to a dictionary.

In the Kansas City Medical Record, R. J. Smith recommends nuclein as useful in bronchial pneumonia, where he gives from ten to twenty drops every six hours on the tongue, or hypodermically.

The Medical Council thinks it strange that no medical college has as yet founded a chair for the study of pain and its treatment. Extend the idea to a study of symptomatology as leading to diagnosis of pathology, and symptomatic treatment; and make a lectureship of it.

The statements that alcohol has selective action on the anterior tibial nerves, especially of women, and lead on the musculospirals, are confessions of ignorance.—White, B. M. J.

Many difficulties arrest us when we attempt to understand how alcohol causes disease—in Munich, of the heart —in London, of the liver.

A lady at a Chicago hotel having in a moment of forgetfulness, swallowed her hat-pin, the physician placed her on an exclusive diet of potatoes, and watched the progress of the potato-enveloped pin through the viae with the aid of the x-ray. Whereupon, instead of complimenting the doctor, the Medical Record seizes the case as an opportunity to "slam" Chicago for her indigestible potatoes. Pretty tough!

In Ellingwood's Therapeutist, Leister says: "Take, for instance, inflammation of a part of the lung structure—'inflammation of the cellular substance of the vascular parenchyma.' Introduction of the pneumococcus? Grant it. Irritation localized, determination of blood to that part, thermal rise, engorgement, increased pressure but crippled or arrested lymphatic movement, yet with the usual string of concomitants, pain, cough, dyspnea, disturbance of heart, kidneys and skin. Special symptoms: Pasty whitish and tough mucus upon the tonsils, fauces, vault, and tongue of flattened aspect and whose edges show indentations and velum like glarry mucus. In such cases the writer has demonstrated the certain therapeutic value of phytolacca."

The Journal of the Arkansas Medical Society urges physicians to enter the legislature, and enumerates six laws which might be passed if they were there in sufficient number to exert the proper influence. The proposed laws certainly look good. But what is the matter with influencing the present legislators in their favor? Our own experience is that the average legislator is a sensible fellow, if he is shown what is right. Too often, however, we assume that things that are perfectly familiar with us are familiar with everybody. This is by no means necessarily a fact.

The New Idea says that some physicians do not seem able to distinguish between legitimate proprietary articles and those unworthy of confidence. Nearly all new drugs or combinations of drugs are under proprietary control to a greater or less extent. Every progressive movement suffers from the same nuisance. Cranks and idle theorists are sure to embrace the opportunity for a littie notoriety.

WHAT OTHERS SAY

Cholagogs that benefit the symptoms of "disordered liver" have no effect on the secretion of bile.—White, B. M. J.

Diagnosis is the best friend to him who prescribes according to the symptoms.—Halbert, Medical Forum.

Reinecke calls attention to cases of eclampsia without convulsions, the patient dying in coma some hours after its first onset.—Med. Record.

In "gastrostaxis," blood oozes from the gastric mucosa without ulceration, more common in women.—White, B. M. J.

Aid the patient to dwell upon favorable probabilities rather than the unfavorable possibilities. — Calvin Fort Wayne Medical Magazine.

The strange ethical code the medical profession has built up for itself leaves us almost helpless to fight charlatanry. —Holbrook, O. S. M. J.

The Ohio State Board gives no credit for work done in a medical school that begins sessions later in the year than October 15.—O. S. M. J.

The druggist who co-operated with the nostrum manufacturer, thereby forfeits his right to expect the confidence of the public.—Druggists' Circular.

Even for the healthy, the physician should try and accomplish that not every day should be a "smoking day."—Grassman, Muench. Med. Woch.

Dogs bolt their food unchewed and never suffer dyspepsia. Should we? It all depends upon how much dog there is in the fellow's makeup.—Southern Clinic.

Forssner reports two cases in which there were unmistakable evidences that the spinal nerve cells were falling victims to actual phagocytosis.—Zeits, F. Klin. Med.

While trying to treat medicine scientifically we are woefully inaccurate, because we make excursions into sciences in which our training is inadequate.—White, B. M. J.

A St. Louis reporter counts thirty-four different systems of healing advocated by the signs along Olive street, including promises to cure "everything from 'that red feeling' to an ingrowing conscience."—Clin. Reporter.

The highest number of attending members of our section (Therapeutics) was twenty-three—fifteen to twenty, the average.—Critic and Guide.

Medical knowledge is printed in medical journals from two to five years in advance of its appearance in medical text books.—Austin, Medical Brief.

I have used the alkaloids and glucosides for ten or twelve years, and can look back on the most successful years of my practice.—Whitely, Medical Herald.

Mitral Disease. Any exertion which the patient indulges in, should not produce any undue restlessness or fatigue, especially the last named.—Price, Medical Brief.

From three to twelve months after arrival in the tropics there is a state of increased activity of all the bodily functions and a sense of well-being.—Capt. Wolfe, Med. Record.

A wise man says that men ought not to defer marriage until they can live luxuriously, but should marry while they can love their wife with the fervor of early manhood.—Medical Council.

When a patient complains of spitting of blood, the heart should be examined, as mitral disease, especially mitral stenosis is one of the commonest causes. —Price, Medical Brief.

Flick does not consider nephritis a contraindication for creosote, valuable in mixed infections and advanced forms of tuberculosis. Iodine is our nearest specific against this disease.—Medical Record.

A London doctor says that candy factories are helpful places in which to work. The candy girls who eat as much sugar as they like show improved health, while experience shows that the sugar eater is proof against consumption, and it is impossible for her to become a drunkard.—Medical Record.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Etc., by Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester, Minn.; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Vol. III. Seventeenth Series, 1907. Pages 296. Illustrated. Price, Cloth, $2.00. J. B. Lippincott Co., Philadelphia and London.

The opening article of the latest volume of International Clinics, is "Practical and Theoretical Considerations Concerning Dietetics," by David L. Edsall of the University of Pennsylvania, which gives the guiding points in dietetics. Dr. Albert Robins, Professor of clinical therapeutics, Paris, contributes a valuable article "On the Treatment of Pneumonia." Dr. Robin is not a theraptutic nihilist, but believes in doing something for pneumonia. "Mechano-therapy," by Dr. J. W. Wainwright, of New York, is a brief treatise on massage and vibration. "Curability of Tuberculosis" is a valuable article by Dr. E. S. Bullock, of Silver City, N. M. He believes that the early diagnosis of tuberculosis should be made by tuberculin. An important contribution to the volume is "The Inoculability of Tumors and on the Endemic Occurrence of Cancer," an address read before the Pathological Society of Philadelphia, by Dr. Leo. Loeb. The paper is freely illustrated with full-page plates.

"The Surgery of the Blood Vessels," by Dr. J. E. Sweet, of the University of Pennsylvania, gives a splendid summary of this subject up to date. Dr. Sweet opens his article with this axiomatic statement:

"At the bottom of all true surgery lie two fundamental ideas; that the surgeon should do as little damage as possible to any except the diseased tissue, and that he should restore the tissues as nearly as possible to their normal position, not only to the normal position of the organ as a whole, but that each separate part of a complex organ shall be replaced into normal position. This, it seems to me, must be the main advance of the surgery of the future, with its more delicate and finished technique. These two ideas must be borne in mind with a peculiar vividness in the consideration of the surgery of the blood vessels."

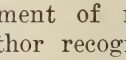
Dr. John B. Roberts, of the Philadelphia Polyclinic Hospital, contributes "Some Surgical Aspects of Tuberculosis," which every reader will appreciate. Ophthalmologists will be especially interested in the illustrated article on "The Study of Ocular Birth Injury," by Ernest Thomson, A. M., M. D., and Leslie Buchanan, M. D., Surgeons of the Glasgow Eye Infirmary. "Extraction of Cataract in the Capsule," by J. R. Williamson, M. D., gives the results of the immense experience of the eye surgeon in Indian Hospitals. A practical little article is "How to Turn Back the Upper Eyelid," by Raymond Beal, M. D., Ophthmologist to the Lariboisiere Hospital, Paris.

Some of the other articles in the volume are: "The Blood Pressure in Tuberculosis," by W. B. Stanton, M. D., of Philadelphia; "Carcinoma of the Liver," by Wm. H. Porter, M. D., of New York City; "Acute Gastritis," by David Somerville, M. D., of the London Polyclinic; "Salient Factors of Renal Disease," by Raymond Wallace, M. D., of Chattanooga; "General Abdominal Enlargement, with Special Reference to Hepatic Cirrhosis," by Mark A. Brown, M. D., of Cincinnati; "Inflammation of the Gall Bladder and Gall Ducts," by Geo. Tully Vaughan, of Washington, D. C.; "Polyneuritis," by F. Parkes Weber, M. D., of the German Hospital, London; "Present Treatment of Hypertrichosis," by L. Brocq., M. D., dermatologist to the Paris Hospital; "Intracorpuscular Conjugation," by Charles F. Craig, M. D., Surgeon U. S. Army.

We have referred to sufficient of the contents of the book to indicate its practical value and scientific worth. The volume is freely illustrated with plates and gives full value to every purchaser.

Heart Throbs. In Prose and Verse Dear to the American People. Pages 432. Extra Cloth; Gilt Top. Price, $1.50. The Chapple Publishing Co., 944 Dorchester Ave., Boston, Mass.

This is a collection of short poems, essays, anecdotes, apothegms and stories contributed by readers of the National Magazine. Joe Chapple, editor, offered through his magazine, $10,000.00 in 840 prizes for favorite selections. As a result, fifty thousand contributions were sent in and from these prize selections were made by Senator W. B. Allion and Admiral Geo. Dewey, who acted as judges. Every one of the selections is a treasure set aside and preserved by the contributor because in some way it had appealed with unusual force to the affections, hopes, experience, fancy, judgment, or interests of the sender and because dear to the heart, a true "heart throb" of the contributor. The book is a veritable encyclopedia of life, love, home, friendship, duty, patriotism, and the best of human character. The work is thoroughly indexed, both by title and author, so that any selection may be quickly found when wanted. The book makes a splendid gift and for a holiday present nothing could be better. The volume is offered in combination with the National Magazine at a low combination price. We have made arrangements with the publishers so that we can furnish Heart Throbs, National Magazine, and The Rcorder together in very favorable terms.



Diseases of the Rectum. Their Consequences and Non-Surgical Treatment, by W. C. Brinkerhoff, M. D. Pages 207. Cloth. Price $2.00. Orban Publishing Co., 17 East Van Buren St., Chicago.

This little volume is devoted mainly to the description of the author's non-surgical treatment of rectal diseases. While the author recognizes the occasional necessity for rectal surgery, yet he does not approve of it in most cases. His injection treatment for hemorrhoids is exploited at considerable length. The book is written as much for the lay as the professional reader. Had the author prepared a volume for the medical profession only, giving complete details of his methods of treatment, it would have been of much more value.

BOOK NOTES

The leading article in Everybody's for October is "The Keystone Crime," by Owen Wister. This is the first comprehensive story of the scandalous cost of Pennsylvania's new capitol to appear, and in telling it Mr. Wister proves himself as successful a publicist as he is a novelist. "Celebrating a New Ireland," by Maude L. Radford, is a suggestive account of the Exhibition at Dublin, and "The Miracle-Workers,"

by Henry Smith Williams, giving some of the amazing recent achievements in industrial chemistry. Hartley Davis offers some interesting figures in "The Business Side of Vaudeville"; Leroy Scott relates the dramatic experiences of a woman revolutionist in Russia, and Charles E. Russell, in this month's installment of his series, "Where Did You Get it, Gentlemen?" resumes his study of the career of Thomas F. Ryan.

Among other things the Cosmopolitan Magazine for October, 1907, contains: "The Problem of Air Flight," illustrated, by Waldemar Kaempffert; "The World-Menace of Japan," by Goldwin Smith; "The Heir of the Broken-O," illustrated, by Alfred Henry Lewis; "Helen Miller Gould," illustrated, by Ruth Fuller Field; "Miss Gould's School Days," by Ivy Ross; "The March of Kelly's Army," by Jack London; "Has Simple Love Ceased to be Dramatic?" illustrated with theatrical portraits, by Alan Dale; "The Omnibus Bishop," illustrated, by Elizabeth Ellicott Poe.

Leading articles in McClure's Magazine for October are: "My Children and I," illustrated, by Ellen Terry; "An Idyl of the Road," illustrated, by Josephine Daskam Bacon; "The Third Degree," by Hugo Munsterberg; "The Five Senss," a series of drawings reproduced in color, by Jessie Wilcox Smith; "Winning the First International Balloon Race," illustrated, by Cleveland Moffet; "The Confession and Autobiography of Harry Orchard"; "The Magre Life," part one, illustrated, by Perceval Gibbon; "Mary Baker G. Eddy," by Georgine Milmine; "Slaterville's Apostate."

The National Magazine is Joe Mitchell Chapple's magazine and every number shows the personality of its talented editor. An important feature of each issue is "Affairs at Washington" by the editor; this occupies thirty pages in the October number and is very interesting and freely illustrated. Other leading features in the number are: "The Jamestown Exposition," by Joe Mitchell Chapple; "Suggestions on the Railroad Problems" by C. H. McDermott; "Famous American Concert Artists" by Bennett Chapple. The magazine also contains a great variety of good fiction.

Every issue of the World To-Day is a complete record of the world's progress for the preceding thirty days. Some of the contents of October number are: "Richard Mansfield," illustrated, by Lyman B. Glover; "The Hillmen," illustrated, by Herbert Vanderhoof; "The Late Vineyard War in France," illustrated, by James Westfall Thompson; "Achievemnts in Amrican Handcraft," illustrated, by Frederick W. Coburn; "In the Outposts of Germany's Advance," illustrated, by Charles Edward Russell; "Electing Women to Parliament," by Ida Husted Harper; "An Excursion Among the Minor Poets" by John Rothwell Slater; "Kite Flying as a Fine Art," illustrated, by Lillian E. Zeh; "Heroes Who Are Not Soldiers," illustrated, by C. H. Claudy; "The Railroad and the Small Town" by Slason Thompson; "The Philadelphia Gas Works under Private Operation," by Thomas L. Hicks; "The Effect of South American Immigration on North American Trade"; "The Making of Tomorrow"; "Foreign Affairs"; "The Nation." This magazine is a necessity to every person desiring to be well-informed. The magazine is well worth $3.00, but is furnished for only $1.50 per year. We have a special clubbing combination of the World To-Day and The Recorder, by which we can furnish the two magazines together at a low price. We shall be glad to send our club offers for 1908 to those desiring next year's reading matter at about half price.

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

The Physiological Arithmetic of Chloroform. The dosage of chloroform was considered by Waller in the physiological section of The British Association for the Advancement of Science. Occasional attempts have been made by Snow, Paul Bert, Grehant, Dubois and others as well as by committees of the British Medical Association to determine what might be the proper dosage of chloroform. Partly by the reason of the difficulty of measuring percentages of chloroform in the air and the blood, partly from the facility with which chloroform could be administered without any reference to percentages, the results obtained produce very little impression upon clinical practice and deaths which could not have occurred if the principles laid down by Snow and by Bert had been followed, were, and still are, regarded by the medical profession and by the public as the normal incidents of medical practice, and attributed to any but their true cause—an over-dose of chloroform. Taking under consideration the fact that chloroform has been in use for sixty years, by the profession in general, that the uniform experience of physiologists was that it was a dangerous drug as ordinarily used, it is astonishing that its administration did not rest upon any scientific basis. It would appear that to secure the safe administration of a powerful poison like chloroform it would be necessary to know how much of the drug was required to produce a desired physiological effect, how much was dangerous and how much was fatal. Buckmaster and Gardner found, in numerous experiments as to what was the percentage of chloroform in the blood, that it was uniformly higher in fatal cases than in non-fatal ones. Their results demonstrated that to each five liters of blood between one and two grammes was the anesthetic amount, and between two and three grammes the lethal amount. Evidently with a ready means of estimating percentages one is entitled to talk of percentages which are necessary, sufficient and excessive.

* * *

The Wizard of the World in Windsucht. Such is the title given Dr. Carl Spengler, of Davos Platz, Switzerland. By long and tedious work he has developed some facts of great interest pertaining to the life, history and nature of tubercle bacilli. He has undoubtedly developed a method of differentiating human from bovine tubercles bacilli. He has demonstrated that human bacilli in tuberculosis have a spore stage and develop the bacilli from these spores or aplitter, as he first named them. He is able to grow heavy cultures of tubercle bacilli, both of the human and bovine type in from eight to ten days, such as usually requires from six weeks to two or three months to develop. From these studies Dr. Spengler has developed a theory which promises to be the best line of treatment yet undertaken.

* * *

Alopecia Areata. Dr. Leon James, Methven, New Zealand, after trying almost every remedy in print, was successful in three cases by using an ointment rubbed well into the patches night and morning: Crysirobinel, hazeline cream 4 (B. W. Co.) M. Heat to three hundred degrees fahrenheit, until dissolved and stir until cold. Weaker ointments were not successful.

MISCELLANY

INHIBITORY ANTIFEBRILE AGENTS

By S. Lewis Summers, M. D., Philadelphia, Pa.

President of The Organic Chemical Manufacturing Company.

My mind runs back some years ago, when in consultation with a neighboring physician, to a case of septicaemia. A septic infection had taken place through an injury to one of the fingers. There was a general inflammation of the entire arm and forearm. There was no suppuration; but good drainage had been amply provided for by cutting incisions clear through the arm in two places, just grazing the humerus, and in two places in the forearm, just grazing the radius and the ulna and, running gauze through the incisions so generously made. The patient was in much pain—his fever was high. His emunctories were quite inactive. His heart's action was rapid. His nervous condition much excited. His treatment—outside of the anticipatable drainage for future suppuration, which was never required—was what might be called "waiting," being satisfied with small doses of strychnia. My first inquiry was, as to how much alcohol the man was receiving? My answer was, that he was not receiving any, that they would not make use of it until the crisis came, when they would resort to it for stimulation. My answer was: "Oh, I see! Well, when that time comes your remedy will fail to stimulate and you had better save it. You do not use alcohol in such cases as a stimulant, but as an antitoxin. You should push its use to the point of intoxication and if you can succeed in getting your patient intoxicated the chances are you will save his life."

Now alcohol, ordinarily, is not an ideal antipyretic, but in many cases of infectious diseases it does most successfully inhibit fever by making the fluids of the body an undesirable medium for the culture of the various specific bacteria. Many cases of diphtheria have been saved—before diphtheria antotoxin was placed at our service—through the inhibitory use of alcohol.

If it was known (and most unfortunately it is not) that for every disease there was a specific antagonist, the treatment of such a disease would be a certain one. As it is, we know but few. Quinine acts specifically in malaria. Mercury does the like in syphilis. A specific serum, like the diphtheria antitoxin, will cure a specific disease like diphtheria. But, when it comes to many other clearly defined diseases, scarlet fever, measles, typhoid fever, pneumonia and inflammatory rheumatism, for example, with their peculiar "fever" manifestations, we then are faced with our limitations, and must direct our energies to the specific symptoms that require interference. We should then use an "inhibitory antifebrile" remedy. A remedy that can be said to possess the power not only of allaying fever, but also of restraining its appearance by inhibition; in other words, preventing the appearance of a fever, or, where the fever already exists, of suppressing it. This can be accomplished by checking through antisepsis the growth of some of the primary or specific cause; by a sedative action upon the heat-controlling nerve centres; and, by stimulating the emunctories to remove much of the secondary cause. Some remedies possess one of the qualifications; others, two; still others, the whole three.

Before the discovery of the coal-tar derivatives, quinine held the only place

in the materia medica as a specific antipyretic. Since then, very many synthetic compounds have been presented. With the progress in the use of the antifebrile remedies, a better understanding has been engendered, regarding the dosage and the method of use. For instance, in the early days when quinine held mastership, we were rather timid in our methods and began our dosage in minute quantities, frequently repeated. Now, after a more matured experience, we have the confidence of the utility of the remedy and have increased our dosage to what was formerly regarded unsafe, or heroic quantities, to-wit, twenty or thirty grains four times a day, or even hourly, until we have reached the effect desired.

In the use of specific drugs it is always in order to express a reason for so doing. When used for the alleviation of a fever process, one should have clearly defined reasons why a febrifuge is indicated.

It was at one time a very well known belief that an elevated temperature was a conservative process and that in any given disease its presence was more desired than contra-indicated, inasmuch as it was held that during the fever process the affected organism was enabled to produce its own peculiar antagonist, or, if a poison, its own antitoxin. Whilst this may be true in some instances, they are very few indeed, and the fever process may be doing a greater degree of harm by its action upon the various organs than can be estimated by its action upon the blood. It is therefore always the safest plan, in case of high temperature, to examine very closely the fever process and determine its origin, as well as its affects and the results feared. In the unquestioned first place, when that fever is an excess of temperature such as occurs in thermic fever, or what is commonly known by "sunstroke," then the only one remedy is hydro-therapy. Ice cold, at that, if the hyperpyrexia is 106° or more. Thermic fever is entirely different from the high temperature of an infectious disease. There is here no question of a circulating toxin to be eliminated. Simply an overwhelming of the heat-regulating mechanism and the system is unable to dissipate the heat rapidly enough. If the cause of the fever is an abscess, it would be a very foolish process to treat such a condition as a fever, when it is very evident that the indication is a surgical interference. It would also be very foolish that because the sepsis arising from the abscess is producing fever and causing the heart to beat much faster, that the heart should be depressed or knocked down in its action with any heart depressant like aconitine. The surgeon's knife will remove both the fever and the accelerated pulse rate. In the third place, when the fever occurs in the course of an infectious disease; where no abscess has formed; where there is a decided interference with the heat-regulating centres; where there is much increased metabolism; where there is retention within the system of the urinary solids and where there is poisoning from toxemia—following the action of the specific bacteria and from the nitrogenous waste products—because of faulty elimination; where there is a degeneration of the vital organs of the body and a decided interference with their proper functioning, then the remedy to be used should be one that stimulates the emunctories of the body, to derive the benefits of increased elimination; and one that acts as a nervous sedative, to calm the governor of that heat-regulating centre; and one that makes the fluids of the body an unhealthy culture medium for the rapid propagation of the specific bacteria, which are causing such a disturbance to the human economy. A therapeutic agent possessing these actions is an inhibitory antifebrile. The results of the fever are feared. There is here no indica-

tion for surgery—the case is a medical one and the cause not removable by hydro-therapy. In order to treat the patient and make war on the enemy at the same time, it is necessary to make the human economy an unpleasant abiding place for the microscopical germs which produce such great visible disturbance. We should try to stop the too rapid growth of the specific bacteria or the cause of the infection; we should quiet the nervous system and offset the nervous irritation from the onslaught of the invasion of the disease germs and, we should try to stimulate the kidneys and skin to eliminate the secondary cause of the fever, whether caused by toxemia or the degeneration of the tissues. Such was my process of reasoning.

When I was set loose on the surface of the earth, twenty-four years ago, to practice medicine, I had been taught by such men as Alfred Stille, James Tyson, Horatio C. Wood and William Pepper, the usual expectant and symptomatic treatment of croupous pneumonia, along with the supportive measures and the frequent need of venesection to the extent of at least twenty ounces of blood. At the same time, the very high mortality rate was frankly stated. Perhaps this was done so that when deaths occurred that we should neither blame ourselves, nor the institution which granted us our diploma. To me it seemed that there must be some substance which could be placed within the human economy, which would prevent that profound pneumonia septiscaemia, as well as the interference with the excessive rapid multiplication of the specific bacteria of the various infectious diseases.

Shortly after graduating, I read the report of an eminent Russian physician on the use of aniline as an antiseptic in the treatment of pneumonia and tuberculosis. I tried it, in small doses. The action was so depressing that I desisted. Then acetanilide came along and I used it in small doses with much more satisfaction. I commenced to congratulate myself, because of my success, when suddenly, like a thunder clap from a clear sky, I had a case of collapse, following the administration of six grains, that seemed to portend immediate death. The aged and highly respected consultant from whom I sought consul, prognosed death within two hours and retired. To me, it was an awful shock. But there was no time to lose. I went to work most vigorously. With the use of nitro-glycerine, strychnia and whiskey in liberal quantities, recovery was accomplished.

The fright produced from the cyanosis, collapse and impending death as a result of the use of the remedy, produced an enigma to solve as to the reason why it had acted so.

Phenacetin then came upon the scene. I found it much safer. Then the question arose, what is the difference between the two? My medical literature was absolutely barren upon the subject.

A very able chemist most generously volunteered to practically inform me, by constructing the two compounds from the bottom up, in a laboratory constructed for the purpose, in my own home. Years of research work—between hours—were spent in a conscientious effort to learn the reason why?

As a result, when acetanilide was afterwards used by me, it was used, not as a coal-tar antipyretic, but solely as an acetylized aniline, for its antiseptic effect. In other words, I used it as an aniline so protected, because of the acetylization, that it was liberated in the blood—where it was wanted—quite gradually and with much greater safety.

This investigation was carried on solely that I might come to a better knowledge of the proper use of my remedies in the practice of my chosen profession and which involves such grave responsibilities.

Not from choice, a recess was taken from this investigation and many

months were spent in fighting death from pyaemia, as the result of a wound received in the performance of my professional duties, during which time I had plenty of opportunity to feel the dire effects of streptococcus poisoning and to note the entire absence of the symptoms of intoxication which might be expected from a daily consumption of over one quart of whiskey, covering a period of ninety days and of twenty-four ounces a day for the next succeeding three months. My intellect was never clearer than during the period of this illness, and I had time to spare to think it over. There was only one part of the treatment to which I claim credit. That was the consumption of a large glass of water every half hour, for the purpose of elimination. This, I most religiously attended to. My attending physician, who saved my life, gave instructions to push the whiskey to the point of saturation or intoxication.

From this experience, and during the time not occupied in my practice, I set about to make use of my chemical knowledge, previously acquired, and to construct or chemically harness an antiseptic agent which would serve to chemically neutralize the effects of toxaemia, which accompanies infectious diseases. As a result I created the chemical compound acetyl-salicyl-phenetidin, which, for short, I named thermol.. As this name implies, it is a definite chemical compound in which concentrated acetic acid, salicylic acid and phenetidin—a complex aromatic compound constructed from the successive chemical action of nitric acid upon carbolic acid and then of that of bromide of ethyl in the presence of ethyl alcohol and with further synthetic construction, which develops a full basic radical—have been chemically combined in molecular proportions. It is a magnificent, typical illustration of the very great value of organic chemistry. Here by chemical condensation, there has been most completely harnessed into a tasteless, odorless, bland powder, the full internal antiseptic value of carbolic acid and salicylic acid so as to obtain the free use of the same, with the entire avoidance of the irritating, stomach-distressing and heart depressant qualities of those agents. There is thus placed at the service of the sick what never could be enjoyed if depending upon a mechanical mixture.

One of America's well known physicians recently wrote me that: "In our opinion the coal-tar antipyretic has not yet been discovered which is entirely devoid of dangerous effects." This may technically be the truth, but where a therapeutic agent is capable of doing so much more good than harm and where that harm can be reduced to an insignificant minimum by an intelligent use of the same, then it practically becomes a misleading statement. My reply was to the effect that: "It depends on how complete the acetylization is and how slowly what has been handed down from the phenol base is liberated within the fluids of the human body. In thermol the acetyl and salicyl cleavage is so absolutely tenacious as to be almost miraculous and that that was where thermol lead the world. Salol is somewhat akin to it, so is salicylate of sodium when administered with quinine, but in no way to be compared to it in therapeutic efficiency."

Thermol is recognized by such standard text books as Prof. H. C. Wood's Therapeutics, 12th edition, and Prof. John V. Shoemaker's Materia Medica and Therapeutics, 6th edition.

Thermol is eliminated by the urine, which it sterilizes. It increases the fluids and the solids of the urine. When it is so easily demonstrated that the urine has been rendered sterile by thermol, is it not rational to believe that the other fluids of the body have been made a more or less of an untenantable abiding place for those disease germs.

XXXVII

THIRTY-SEVEN years ago, A. H. Hassell, M.D., F.R.S., President of the Royal Analytical Association, London, analyzed Colden's Liquid Beef Tonic, and gave it his official approval.

Thirty-seven years of continuous use and the unqualified endorsement of a large number of the foremost physicians of England, Canada and this country have proved conclusively that as a means for exciting the appetite, increasing the digestive powers, and stimulating the nutritive processes generally, Colden's Liquid Beef Tonic is remarkably efficacious. Write for sample and literature. Sold by all druggists.

Dose: Two tablespoonfuls ten minutes before each meal

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK.

Copyright 1905, The C. N. Crittenton Co.

LISTERINE

The original antiseptic compound

(Awarded Gold Medal (Highest Award) Lewis & Clark Centennial Exposition, Portland, 1905; Awarded Gold Medal (Highest Award) Louisiana Purchase Exposition, St. Louis, 1904; Awarded Bronze Medal (Highest Award) Exposition Universelle de 1900, Paris.)

Listerine represents the maximum of antiseptic strength in the relation that it is the least harmful to the human organism in the quantity required to produce the desired result; as such, it is generally accepted as the standard antiseptic preparation for general use, especially for those purposes where a poisonous or corrosive disinfectant can not be used with safety. It has won the confidence of medical men by reason of the standard of excellence (both as regards antiseptic strength and pharmaceutical elegance), which has been so strictly observed in its manufacture during the many years it has been at their command.

The success of Listerine is based upon merit
The best advertisement of Listerine is—Listerine

Lambert Pharmacal Company
St. Louis, U. S. A.

When it is so easily demonstrated that there has been a stimulation of the emunctories of the system, with the consequent elimination of the various toxins and other waste products, by the skin and kidneys, then can you not appreciate why there is so little delirium, exhaustion and heart-failure, the natural result of toxaemia?

"If fever, long continued, causes death, the removal of this symptom is essentially specific; and therefore, in the category of these remedies thermol should be placed, it being entirely devoid of dangerous effects."

In febrile disturbances, it should be used in doses just sufficient to obtain a slight moist skin and mucous membranes. It may require an initial dose of twenty grains, to be followed by five grains every one, two or three hours. The system should be kept continuously under the influence of it for its antiseptic and stimulating emunctory effect.

SEMINAL WEAKNESS

Having been thoroughly tested and extensively used for upwards of forty years with good success, the pill specific Winchester's is offered as a most effective treatment and conceded to be as near a specific as any medicine can be for alleviating, controlling and benefiting all forms of nervous or sexual debility, controlling as it does in so great a degree, the excitability of the nervous system. It promotes the secretions of the skin and kidneys, soothes and allays the irritability of the mucous tissues, and promptly relieves all the febrile or inflammatory systoms. From its powers in overcoming the urethral inflammation and correcting the acadity of the urine, by diminishing the quantity of the lithic acid, its admittable effects in cases of chordee are beneficial to a marked degree.

For a thirty days' trial treatment and brief treatise, send fifty cents with your card to Winchester & Co., 943 Beekman Bldg., New York City.

Merle, Tex., Nov. 24, 1906.

The Anarcarin Chemical Co.,
Winchester, Tenn.

Yours of the 25th of October was received. In answer to same I will say that your tablets excel anything it has been my pleasure to use; they are exactly as you represent them, and no mistake is made by any physician using them. My confidence in them is centered in the following case: A German, 42 years, suffering from gout, feet swollen, appetite gone, cirrhosis of the liver, constipation, heart's action very bad. The man was a hard drinker both of whiskey and beer; he could not sleep at night without morphine. I cleared the liver and bowel with a calomel and pod. purge, then commenced your tablets. He began to improve from the start, using the tablets as directed, using all and only one more box. He is now a new man; sleeps all right; no swelling of the feet; heart's action normal; eats sour kraut same as ever, and no taste for any beverage whatever. He calls the tablets "some buckshot."

I intend to use these tablets in all my cases where they are indicated.

With highest regards, I am,

Respectfully yours,
J. P. Carrington, M. D.

On March 28th, 1906, Miss C. E. Watkins, superintendent of the Babie's Hospital, Newark, N. J., wrote us saying that they had been using pulvola toilet powder for five years and were entirely satisfied with results. On Aug. 16, 1907, Miss Watkins added at the bottom of her usual order, "I do not know anything we appreciate more than pulvola toilet powder."

Elongation of the Uvula. As a gargle in sore throat or elongation of the uvula, Kennedy's dark pinus canadensis has very general endorsement, the usual proportion being a teaspoonful to a glass of water.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X NOVEMBER, 1907 No. 11

Leading Original Articles

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State St., Chicago Ill.

In unexposed parts the closing of wounds is in large part a problem of closing so that the least possible tension will be brought upon the cutaneous coverings of the body and a perfect approximation is secured so that a minimum time will be required for the completion of the healing process.

Where the cutaneous loss is from the skin of the face the problem at once changes and the most important consideration is to secure a closuse which will leave the least possible scarring, and at the same time place the scar as much as possible so that it will be inconspicuous. Distortion of the features must also be considered and a method of securing an approximation which would be desirable in another situation is utterly impracticable in certain locations about the face. Where distortion of the features is not to be taken into consideration, owing to the location of the cutaneous deficiency, it may be well to close so that the scar will be a linear one and will correspond to the natural lines of the face. Where the features may be unnaturally drawn by such closure, the operator may be forced to follow a contrary plan. Illustrating this latter point, I had a patient consult me some time ago who had suffered a loss of a portion of the skin beneath the eye. This was the result of an injury and a considerable portion of the skin was trimmed away. In closing this according to the principle that the line of union should correspond to the natural lines of the face, the surgeon caused an ectropium to develop and this condition was so unsightly that I found it necessary to re-open the wound and suture the parts in the opposite direction to relieve the ectropium.

The possibilities of plastic surgery have been greatly increased by the development of the principles of aseptic surgery, yet plastic surgery is a subject which occupies very little of the attention of the surgeons of today. In featural surgery we must thoroughly understand the various practicable methods of wound closure if we hope to successfully excise certain growths and unsightly scars which mar the appearance of so many.

Featural surgeons cannot hope to deal with the deficiency according to the simplest plan unless that plan promises

FIGURE 1

Figure 1. A scar which not only mars the appearance but also interferes with holding the head erect. It may be seen that the mouth must be held wide open to even hold the head partially erect. In operating, not only must the surgeon consider the improvement of the appearance, but also relieve the contraction.

an entirely satisfactory result or one equally as satisfactory as any other.

Small deficiencies are closed in some instances by bringing the tissues together from all sides. Such closure of the parts will leave a point-like scar and this may be the least conspicuous after-effect possible to obtain. Such closure should not be practiced if the parts are placed under too great tension for almost certainly there will be a separation and the scar left may be quite unsightly.

We cannot lose sight of the valuable assistance of plasters applied after closure or the use of collodion and strips of gauze to hold the parts together and relieve tension on sutures.

When the operator undermines the skin it may be drawn together much more readily than where it is not loosened from the underlying tissues. The surgeon should not forget that undermining should be under the skin and not through the deeper layers of the true skin.

In some cases the line of greatest diameter of a cutaneous deficiency lies parallel to the natural lines of the face and in other instances it may be so placed without difficulty by the surgeon. Of course he should not forget the possibilities of distortion of adjacent parts in closing so that the scar follows the direction of natural lines of the face, as a scar in a contrary direction may be preferable.

The surgeon does not consider the exact shape of a deficiency, for the exact shape of a wound is unimportant. The potential shape as we might say is much more important, and by that I mean the shape which the deficiency may be readily made to assume to permit of its being further altered to effect closure. Minor irregularities in a deficiency may be disregarded and in many cases the actual shape of a deficiency does not correspond to the shape we must deal with to practicable purposes.

In some cases tissues are drawn tightly together at one point while immediately adjacent there is a considerable looseness of the tissues. Where such a condition exists the surgeon need have no fear as to the ultimate outcome of the case if the parts can be kept snugly approximated until healing is complete. Laxity of the skin is followed by a gradual shrinkage of the skin in many cases until it assumes a normal tension while gradual stretching to a considerable degree may be expected in other cases when the parts have been drawn tense.

THE PSYCHOLOGICAL IN MEDICAL PRACTICE

By W. Stuart Leech, M. D., Brooten, Minnesota.

The time is not now, but it was, and it has not been many hundreds of years since medicine and surgery existed, had part with, and were coequal with the priesthood. When Christianity dawned upon the world, religion gave birth to the true practitioner who, broadly speaking, practiced medicine and the decalogue. Have we at the present day wandered from the straight and narrow highway? Have we left undone those things which we should have done? Are we now looking upon man as a machine or as the butcher looks upon so many carcasses to be carved up? It is our private opinion that we are. We, especially the surgeon, have forgotten that man without the spirit, is dead. He seems to realize that the physical man of one hundred and sixty pounds, taking all of the separate ingredients at their market value, is worth $18,000; but he fails to grasp the enormous value of one living soul, and with all dealings that it must be reckoned with. We can not administer to the wants or necessities of the one without serving the other. They are more closely linked than any Siamese twins ever were because they have one head and one heart. From my own writings and deductions

and experimentations in the occult and from the researches of the Society of Psychical Research I am firmly led to the belief of the triad, triune, or the three persons of the man-head coexisting in the one material body. Years of thought since that conclusion was formed, and facts and happenings in my daily practice all seem to corroborate that belief. From our neglect of the presence of the spirit our profession has given birth to a monstrosity in the shape of Eddyism and many other perverted sects of lesser magnitude.

The man without religion is an abnormality, for man as a class, can not exist and have his being without it, no more than a fish can exist without water. Individually, if he has not been born again; if his religion is hibernating or in a dormant state, he can be likened to the man without developed testes. In short, he is imperfect; being neither male nor female—a fountian without water. When the body is sick or at the most unlooked for time the spirit is apt to manifest itself whether it be the wakeful self, the subliminal self, or the triad that comes forward, you will be at sea if you are not prepared for the exigency.

The sick body and the sick soul require the administration of both physical and spiritual foods and drugs. How best to combine the two is one of the most important problems that confronts our profession today for solution. When, where, and by whom shall these medical and spiritual foods be administered. Anyone who has ever fought a mountain or forest fire knows that it takes fire to fight fire; therefore we must fight fads with fads, 'isms with 'isms, not forgetting in the meanwhile to keep the ship of our profession headed for the right coast, which is truth and perfection. Our profession is now cut up into so-called specialists, smacking of the vaudeville variety, and many of these so-called specialists could not wisely treat a case of diarrhoea. Excuse my digression, but I will take this opportunity to say that no physician, no matter how intelligent, has any right to call himself a specialist until he has seen ten years of active practice as a general practitioner. When to lay on the hands and when to pray for the patient are doings which if neglected and ignored will eventually destroy the very integrity of our profession. The judicious application of any good remedy, whether it comes from the old woman of the mountain, the learned professor, or the vilest charlatan, if it be good, then do not hesitate to use it. If you believe in a supreme being, then do his will.

You "cannot live by bread alone," and in this crumb from the master's lip the bread has its counterpart in the knife and in drugs. The cold steel and the dark crude drug given alone killeth, but the spirit maketh alive. Man reaches his highest attainments and is approaching perfection when he learns best the art of combining the spirit and matter for the welfare of the individual. Show me the sincere and steadfast physician who, when he sends forth the medicine or lifts the knife, does not hesitate to send up a silent prayer for his patient, and I will show you a successful man.

It is our duty to make alive and not kill. Administer to the diseased body and to the diseased mind. The fever stricken soul becomes dry in its revolutions and where there is revolving there is friction in the machinery, especially when it is dry. Remedy—oil all the machinery with the best lubricant obtainable.

(To be Continued.)

In the Kansas City Medical Record, R. J. Smith recommends nuclein as useful in bronchial pneumonia, where he gives from ten to twenty drops every six hours on the tongue, or hypodermically.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 318 October Recorder)

THE MEDICAL PORKER

It is curious how some human beings resemble some of their prehistoric ancestors, and have retained their characteristics in both their mental and physical make-up. The medical profession seems to have many choice speciments who have descended from the Porcine family. For those people who are interested in the study of the genus, man, a visit to some of our medical museums will show as fine a collection of descendants from the original hog as can be found anywhere in the world. These specimens have traits so true to their prehistoric relatives that it is believed they talk the same language.

The profession is justly proud of its unique collection of livestock and has them housed, clothed, and fed in large buildings called medical colleges, hospitals, etc., where they are allowed to roam at large without a ring in their noses, and use their vocal organs, which have been highly developed by long usage. Here, at intervals, gather the medical men from the four corners of the earth, to listen to the music of their menagerie and worship the descendants of the original Ham.

To insure a welcome, each medical man must bring a peace offering in the shape of a patient who can pay a high fee. This admits him to the "holy of holies," and he is given the privilege of listening to the Porcine chorus, while they are singing the grand old anthem called "Ethics and Conservatism."

The average medical man picks up great "chunks" of wisdom while on one of these pilgrimages, which he is privileged to retail to his friends and patients, with the original hog's name attached; and when you see a pilgrim, who has recently returned, standing against a lamp post, staring into vacancy while he hits the surrounding medium a "swat" with his fist from time to time, and you hear him mumbling, "inch and a half, minute and a half, day and a half," you know he is not drunk, but has been on a pilgrimage and has heard the Porcine chorus sing that grand old hymn called "Appendiceto-Medicoarum."

True to their nature, these descendants of Ham have established a "Guild" and in order to get into this closed corporation a man must show all the characteristics of the race, by raising bristles for hair, putting his feet in his food, and going to sleep in the trough. If these traits are well marked, he is installed as "third assistant piggy," who is expected to eat what slops out of the trough while the original hog is eating, or trying to sleep in his food supply.

Some of the little pigs, who have been trying for years to get close enough to the "bins" to get a square meal, have attempted to find a new feeding place and invariably, as soon as they have located a good one, the old hogs have annexed it. All this may be fanciful, and in a way is, still it is very true to actual life in the medicine field.

We find all the hospital and medical college positions filled with men who seem to have inherited the place. We, as physicians, promptly fell down and worshipped them; gave them their own and our own sustenance, and have sung their praises far and wide. They have waxed fat and saucy in their environment and still they are not happy. They seem afraid some new man will be able to break into the field and overshadow their reputations.

A year back, one of the most pitiable spectacles ever witnessed in medical history took place. The county hospital was always the prey of politicians, and occasionally some one of the little pigs, who had a "pull," got a chance to develop and attach a little fat to his ribs, much to the disgust of some of the old

hogs, who had always used this place as a private experimental ground. So they got together and persuaded a new county board to pass a new civil service law, and appoint a few of their number as examiners, and when the little pig tried to take the examination, he found he had to compete with the most notorious of the old hogs. Of course, he got left, and now without fear the old fellows have "served up" this institution for many years, in the interest of the associated colleges.

Here we have the spectacle of the oldest and most respected members of the medical profession, every one of them wealthy and holding desirable medical college and hospital positions, deliberately competing with the poor man to give their services gratis to the richest county in the world.

You will say they are impelled with philanthropy as they certainly would be insulted if you should tell them they needed more experience. You are wrong, dear reader; they are doing it for their own selfish ends. If they control all of these positions, the making of new competitors will be more difficult.

The same gang have had a strange hold upon all opportunities in the practice of medicine for the last twenty years, and any man with talent, who by accident breaks into the practice of medicine, must die of dry rot, or take a subordinate position. Of course, if he is financially able, opportunity may be made for him as the gang can use dollars in their business at any time, and a few thousands judiciously placed will make a medical teaching opportunity in a medical college, and eventually give a hospital appointment. But it is always so precarious that the young fellow does not branch out to any extent and is dazzled by the prospect that eventually the old hog will die, and he will get the opportunity to succeed him.

In this he makes the mistake of his life, as the Porcine family are all long lived, and as long as the medical profession will persist in keeping his larder full, he can go on in his careless way, establishing dispensaries, sanitariums, home treatments, etc., in order to prevent the people who are feeding him from feeding themselves.

It is through his efforts to get a strangle hold upon the professional neck, that the various boards are established, with some of his first cousins as the political representatives, until through his manipulations the practice of medicine is going to the newspapers, churches, and the surgical practice to him.

Already his "grunt" is heard predicting the obliteration of the private medical man and the filling of his place by various "boards;" of course, with one of the old hogs as chairman, and is there any medical man so blind as not to know he will pay the price or starve?

Of course, you ask what the profession is going to do about it? From appearances they are not going to do anything except take their medicine. Why? Simply because they have lived in such an artificial atmosphere for so many years that they are cowardly. Why are they afraid? Simply of the old hog's opinion, and his alleged "club" called "ethics." As long as the profession forgets that ethics means righteousness and honesty, and take the "canned article" given us by the Porcine family as our guiding star, just so long will the little pig fear the "club," and the big hog sleep in the trough.

The big hog has insisted for years that the little pig bring his good paying patient to him, and after running a knife into the patient and turning it around a few times, cleaned out the patient's pockets, left the suffering patient on the little pig's hands to care for for several months without compensation. Of course, the big fellow divided with the little fellow? Well, no! He would like to, don't you know, but it isn't "ethical." The little fellow must be satisfied

breathing the same atmosphere for a time, and besides if the little fellow got too much money, he might get independent and think he could do the work himself and eliminate the old hog from his calculations.

It has always been the old hog's policy to strangle ambition and self-respect in his young associates and in every way in his power prevent the young medical man from gaining confidence in himself and his ability. In trying to accomplish this laudable purpose, he has sown the seeds of therapeutic nihilism broadcast in order that the young man should lose confidence in his medicine and resort to surgery as the only hope for his long suffering patient, and so successfully and insidiously has this damnable work been done, that thousands of our young medical men exist only as "case takers" for some of the old hogs.

In the meantime they are living and feeding their families by lighting the street lamps in the evening or delivering newspapers, or detailing for some proprietary medicine house. Why do they continue to do it? Simply because the old hog has promised them the opportunity when a vacancy occurs.

Do they ever get the chance? Yes, sometimes, if they prove a good solicitor and can make enough to live on in the meantime, or the old hog don't use his influence to give the young man's job to some other young man, who has gained greater favor in his eyes by getting more patients with money.

Why do medical men submit to these practices? Why don't they fight for their rights? Principally because they have spent over three years under the hypnotic influence of the Porcine family. They have been taught to believe it is right, and even if the apparent injustice does rankle in individual cases, the average doctor is too well bred and lady-like to hurt the feelings of a member of the Porcine family.

Even a Chinaman has sense enough to break his God into pieces, when he has found him wanting, over a long period of time, and promptly makes a new one to satisfy the human longing for hero worship, or to pay obesiance to the metaphysical. But does history record an instance where the medical man ever rebelled against the unjust tactics of his superiors? Hardly! The small medicine man has been happy and contented to take all the bricks on his own hide, that were thrown by an angry populace at his superiors, and has always been proud to exhibit the scars, as a badge of special merit.

"Say!" said a cheery voice over my shoulder, "What do you think you are doing? What's all this I hear about you? What do you expect to accomplish?" And looking up into the kindly eyes of a venerable old practitioner, who has assumed a paternal interest in me since I was a student, I answered: "I am trying to make selfishness get out of the way of opportunity."

"I am trying to impress upon the medical mind that forces are at work tearing down the superstructures of medicine. That these forces are the outgrowth of selfishness and have brought medicine to its present pitiable condition before a shrewd public."

"I am trying to impress upon the medical man that selfishness don't pay; that every dishonest action or word, that one medical man uses in his relations to another one, hurts all of us, and doesn't do even him any temporary good."

"I have a remote hope that some medical Moses will come forward and organize, equip and lead the guild of doctors into the promised land, where every individual will be free to work out his own salvation, in his own way, under the banner of honesty."

"Well son! You have undertaken a gigantic work. I wish you Godspeed, but I don't think you will succeed. If you were dealing with men who had the

practical common sense of cab drivers, hod carriers, and men of this type, it might be possible to organize them, and convince them that it pays to even go hungry rather than see your brother suffering from injustice. But doctors! Impossible! They have preyed upon and fought each other for centuries. Every one of them is smarter than his neighbor and nothing will induce him to act decently with his competitor. No, Doctor; it is impossible to arouse the medical profession. I wish you had the power to use the earthquake. Even if you could do it, I will bet an oyster dinner that every doctor in the community would lay it to that unpopular Dr. John Smith, around the corner. As long as physicians will listen to and relate tittle-tattle like a sewing circle concerning the alleged ignorance or defects of their medical neighbors, just so long will one doctor be an enemy to another. Harmonious action is out of the question, owing to mutual distrust."

"If any one had supernatural power and could get all, or a large number of physicians together once a week for an evening, to smoke, tell stories, and play cards, in each community, the evils of the profession will have disappeared within three months. It is a harder proposition for any man to do a dirty trick to his medical friend, Dr. Will Smith, than it is to do one to his competitor, Dr. William Smith,, and if every physician in a community would 'boost' his medical neighbor and refuse to listen to any 'knocks;' if he would tell the garrulous patient, that in his opinion Dr. Will Smith is one of the smartest men in the profession, and that you never met him without learning something, how long before Dr. Will Smith will 'tumble' and reciprocate, and begin to tell the people that Dr. Sam Jones is one of the best surgeons or oculists it has ever been his good fortune to know; and when we can bring about this sentiment, it is easy to cut out the dead beats, the fake charity hospitals, the grafting surgeons, the philanthropic lunatics and other influences that are dragging medicine in the mire.

As physicians we owe much to our community in which we live and labor. The charity problem we have always had and probably always will have. Still is there any physician who will go on the stand and swear that his private charity burdens are any lighter now than they were ten years ago, before the microbe of "hospitalitis" struck the profession. If anything the burdens are much heavier, owing to the fact that paupers are manufactured by the thousands under the new methods, and as I have observed, the hospital staffs are actuated by any motives except philanthropy, and are determined to ruin their competitors, and rather than let a patient fall into other hands than theirs, will offer to do anything for no pay.

When they started this method of doing business, they were under the impression that they were about the smartest proposition that ever struck the medical profession, and in order to be real cute, they attempted to shift the financial burdens off on the religious community, and it was not long before the church grafter saw an opportunity that could be improved wonderfully by applying his experience to the problem.

He innocently (?) accepted the burden of financing these institutions and allowed the staff to believe he was a guiltless, Christian brother, who was desirous of helping along the charity idea, as propounded by the staff. As soon as he got onto the ropes he quietly began to play one member of the staff against another, maintaining a neutral position himself, until a condition of affairs came about where some of the staff had their dignity hurt and resigned. Their successors being appointed by our friend, naturally they catered to his ideas of running the institution, until at the present time he is the hospital, and the staff take their medicine like little men.

They dare not protest, as they know there are 5,000 physicians in the city, every one of which would give his last pair of pants in order to enjoy the dignity of posing as a great man on the staff, for a short time. Since this time the staff has cut a sorry figure in these institutions, they dare not say their souls are their own, and when the religious grafter needs a little spare cash, he has no compunction of conscience in passing the hat around among the doctors, and experience has taught them that it pays to "dig." Any failure on their part will cause the steam heat to be turned off in their department, and is the beginning of the end of their relations with that particular hospital.

It takes no metaphysical eye to see a very short time in the future and witness the funeral of the staff. Already, the question has been agitated by some of the superintendents, of doing away with the staff, and hiring a salaried medical man to do the work, allowing the fees of prosperous patients to go to the organization.

It was thought advisable, however, not to do it at present, owing to the earnest efforts of the different members of the staff, persuading their private patients to patronize that particular hospital, in order to keep on the good side of the superintendent. The publicity department, however, is being better organized every year, and they soon will be, if not now, absolutely independent of the medical profession, and can snap their fingers at them and their opinions.

So dear readers, you can expect almost any day to hear a "howl" go up to high Heaven, when our great man finds that his "gold brick" is only "fool's gold." And you will be appealed to to support him in his "strike" against the institution. Yes! It is coming to even this resort and you must prepare yourself to listen to fraternal and brotherly persuasion, not to take the "striker's place, under pain of being called an "unethical scab."

Yes, there will be some bad language used when some of the famished medical wolves make a break for the carcass, and the overworked word "ethics," will undergo many mental and physical contortions.

It will be different, you know, when the staff's living is endangered. They have had so much practice scrapping with each other, that they will not be bashful asking you for help, and their appeal should be met, like yours would at present, with a "pleasant smile."

The only hope of relief in sight lies with the country physician. If this individual only realized how his living is endangered by the growth of these institutions, and would sit down and write his city correspondent that he did not approve of the way they were being run, and to make his protest effective, say, that hereafter he would turn his surgical patients over to men who are not passive agents of these alleged religious institutions, he would land a brick in the solar plexus of the average "surgical fanatic" and make him stop cutting blindly at everybody in sight, long enough to see the "handwriting on the wall," and call for a certain amount of reform.

This individual is so blinded to the rights of other medical men that he holds himself superior to them in every way, and "ethics" don't work when this lunatic happens to be called in to see a medical case in the absence of the attending physician.

Bless you, no! The astonished doctor finds out that his patient, whom he has been treating for enteritis, had appendicitis, and the emergency was so great that it was necessary to call a private ambulance, hurry him to the hospital and operate upon him within one hour. Of course, the average honest medical man is dazed and cannot derive much satisfaction from the death of the patient, twenty-four hours later, as it was inevitable, owing to his negligence in making a "diagnosis."

It has got to the point now in the medical field, that a decent patient can't enjoy an old-fashioned "belly ache" without locking himself in a room, or going out to the woods, for just as sure as he lets it be known that he has a pain in his abdomen he will have kidney stone, floating kidney, gallstones, or appendicitis, depending upon the special mania the surgeon happens to be suffering from that is called in to see him.

At my solicitation, a trained nurse, who had a slightly displaced kidney, that caused some inflammatory trouble at times, invaded the "jungle" and took notes upon the actions, comments, examinations and diagnoses of its inhabitants. She was under the impression before she undertook the work that she was in a fine state of health, but after she had interviewed thirty surgeons she was "scared stiff."

She made the astonishing discovery that she had suspected cancer of the stomach three times, stone of the kidney eight times, floating kidney four times, gallstones seven times, appendicitis six times, tubal disease two times.

To her astonishment she found herself in the hospital three times, and actually undergoing preparation for operations by one of the appendicitis experts before she "woke up" and realized that she was on "duty" and had to earn her $30.00 a week by a daily report or lose her "job."

Her story is interesting and may be published eventually. It was exactly confirmed by another nurse, who followed the same route the following day but who had nothing the matter with her, but was told to complain of a general soreness in thee right side of the abdomen. Strange as it may seem, while neither girl knew the other, their reports were identical regarding methods, manners and diagnoses, only the last one was shrewd enough not to undergo any preparation for operation, although she was beguiled into an automobile and driven to one of the hospitals by the same appendicitis expert.

A side light on their experience, that would make mighty humorous and interesting reading for the public, is that both girls succeeded in making a "mash" on nine of the specialists (same ones in both cases). After carefully reading over their reports, one begins to wonder how many "lunatics" really have broken into the medical profession and what the outcome is likely to be.

It seems inconceivable that men would peril their reputations with strange women, who call at their offices for the first time, yet when the matter was investigated by sending other women on the same mission, their experience was identical, and leads to the open quesction as to whether any woman, young, middle-aged, or old, is safe from certain perverts, who masquerade under the general name of specialist.

There is much house-cleaning to be done in our profession and few who are willing to do the work, but things have got to the pass in Chicago where it is necessary to warn a country patient against the "medical gold brick trust" and carefully explain to the patients their methods of working. Failure to do this will result in finding our patients with say, tuberculosis, have suddenly taken appendicitis, gallstone, or renal colic, etc., etc., depending upon the peculiar mania of the lunatic whose solicitors have located him or her.

Yes, "medicine" is very "ethical!." "I don't think."

(To be Continued.)

A French woman has proposed a law by which every Frenchman is compelled to marry before he reaches the age of thirty years. If he reaches that age unmarried he is called up in court and compelled to marry the spinster whose name appears at the top of the list of those who want husbands.—Therapeutic Record.

LIENTERIC DIARRHOEA

By James Burke, M. D., Manitowoc, Wisconsin.

The rapid passage of the ingested food through the alimentary canal is a condition which calls for much thought, to overcome this insidious cause of malnutrition. Primarily, if the mastication of the food in these cases was perfect, the condition could not be microscopically discovered. If mastication is sufficient to comminute the food finely enough to be permeated by the digestive fluids and the health of the stomach can sustain the normal concentration of the fluid mass to be digested, the quality and quantity of the ferments must be faulty, if stomachic digestion fails. The condition of the blood from the presence in it of an incomplete catabolic substance, whose aggressive chemical affinity for structures in the alimentary canal, of an affinitive, cognate relationship, temporarily disturbs the molecular arrangement and function of the digestive ferment producing glands. Permanency of this abnormality of the ferment producing glands will result if the toxin is not timely neutralized, by giving an affinitive, cognate substance, derived from the vegetable source. Generally the disturbing toxin in these cases is an incomplete nerve waste entity; if a slight fever is coincident with the condition, aconitine and iridin are indicated in small, frequently repeated doses, for a few days, to round out the disturbing toxin for elimination. If the condition is due to toxins in the walls of the stomach and bowels, which sprang from the putrefactive changes of proteid food in the stomach and intestines, the lumen of the bowels should be cleared of fermenting matter and the further fermentation of the bowel contents should be prevented by giving liberal doses of the sulphocarbolates or some other suitable antiferment, with abundance of water, to maintain the proper concentration of the antifermentative medicine. Having attended to this matter, so far, properly, we finish the toilet of the alimentary canal by giving juglandin and emetine to neutralize the mural toxins of the stomach and bowels. The neutralization of the disturbing toxins, from whatever source derived, removes the irritative force, whose chemical worry of the nerve mechanism of the bowels in their role of securing affinitive cognate substances, union with which would make of the disturbing toxins and their affinitive cognates—if the latter are successfully obtained by the worrying process—one benevolent excretory entity from each. It is illogical to believe that, under the circumstances thus underlying lienteric diarrhoea, that the digestive ferments are of the normal quality and quantity. The presence of perhaps several kinds of toxins, affinitive for some of the ultimate, component units of the ferment-producing glands must, at least, temporarily change the structural arrangement of their molecules, with a corresponding depravity of output.

Some time ago this condition was looked upon as a "neurosis." A neurosis consists of the presence in the blood of toxin derived from bad catabolism of nerve waste attacking some nerve structures. Chemically endeavoring to extract therefrom its affinitive chemical mate, to complete the morphology of the toxin, in becoming an excretory product. Some years ago, the dominant treatment of the lienteric condition was the administration of opium in some form to control the vermicular movement of the intestines, by deadening sensibility—putting the muscular coats of the intestines and their controlling nerves to relative rest, thus permitting a longer contact of the food within the canal with the digestive fluids. The successes from this treatment were those patients who had already succeeded by reversion of action of the digestive ferments, thereby destroying enough of the proteid of the

host's blood and fluids to supply the affinitive cognate poisons to neutralize the original and subsequently generated toxins. The resulting nervous instabality was bolstered up for a sufficient time by the opiate to enable the digestive ferments to resume a relative function. The proper conditions for success of the opiate treatment will recur once in fifty times in most of our practices, but to make a routine of this practice will end in aggravation of the symptoms in the other forty-nine patients. All opiates are, properly, emergency remedies and must be applied with fine discrimination. The best routine treatment is intestinal antisepsis, which prevents further poisoning from the bowel route, while the economy is reverting proteid of the host's tissue to secure affinitive cognates for the neutralization of the disturbing toxins.

ERIGERON CANADENSIS

By J. A. Burnett, M. D., Auburn, Arkansas.

There are several species of erigeron but the erigeron canadensis is the one generally used in medicine.

Many physicians prefer the infusion while some prefer the oil, although the fluid extract can be used. There is one thing to remember about it when using the oil and that is to be sure a genuine preparation is obtained, as much of the oil of erigeron on the market is worthless. There is really no better way of using it than by infusion, and I think Dr. H. W. Felter will agree with me in this.

A hot infusion of erigeron influences the circulation toward the surface and is of especial value in hyperemic conditions and more diuretic than other forms.

Erigeron is a diffusive aromatic, stimulating astringent and is said to be best when administered in small and frequent doses.

In diarrhoea, dysentery and cholera infantum, erigeron is said to be a superior remedy and especially when there is any blood in the passages. It should be better known and used more often in summer complaint of children as it is not only a successful remedy for such, but is not bad to take and well tolerated by the stomach.

Erigeron is a hemostatic of much value both locally and internally. It is of value in all forms of hemorrhage that can be benefited by medicines. Likely, lycopus virginica would be of more value in hemorrhages from the lungs, and iron subsulphate a more valuable hemostatic in hemorrhages where the remedy was to be applied externally.

An infusion of erigeron is of value in gonorrhoea and also in many forms of diarrhoea when used by injection.

The application of erigeron throughout the entire length of anal fistula will cure it, and the local application will also cure rectal ulcers.

Erigeron is slightly tonic, diuretic, astringent, sodoric, emmenagogue, hemostatic and expectorant. The oil is the best hemostatic and the extract most astringent.

Dropsical affections, stranguary dysuria of children, and many nephritic conditions have been benefited by erigeron.

Dr. F. P. Davis claims the oil of erigeron to be specific in malarial hematuria. It would likely not prove to be as useful in this condition as the infusion which is the most diuretic of any form.

Over fifty years ago erigeron was spoken of as being useful in uterine diseases, gout and gravel.

Erigeron has been used in inflammation of the kidneys, suppressed menstruation, cutaneous eruptions, rash, dimness of sight, cold hands and feet and applied locally to wounds, and as a poultice to dissolve hard tumors and various other things.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THERAPEUTIC FACTS, FADS AND FANCIES

Tuberculosis. Hobson suggests attempting to arrest the progress of pulmonary tuberculosis by daily ether anesthesia. Rubin, experimenting with alcohol, chloroform and ether, found that each of these agents prevented leucocytosis and lessened the ability of the leucocytes to take up the germs which they met in the blood.—A. J. C. M., Nov., pp. 1414-15. And they say there is nothing new!

Apropos of forced feeding in this disease, the mere stuffing of the furnace with fuel, does not guarantee the required pressure of steam. So in tuberculosis, only that part of the food which is thoroughly digested and assimilated is a gain to the patient. The balance acts as a splendid nidus for the growth of intestinal micro-organisms and tends to the development of that dangerous complication—auto-intoxication. Force nutrition, assist digestion and elimination, teach proper breathing and supply pure, fresh air every hour in the twenty-four and the gain will be decided.

Cactin has been defined as an inert drug by laboratory experiment. Clinically, it acts beneficially in cases of "tobacco heart," in functional irregularities and palpitations.

Physicians must study the pharmacology and physiologic action of drugs more thoroughly, and then will be able to prescribe more intelligently. I believe it to be a fact that most physicians obtain their knowledge of therapeutics from the "sample man" representing "manufacturing houses of repute." It is certainly a fact that their prescriptions call for proprietaries, the formulas of which are remembered vaguely if at all. The lack of knowledge of drug action, coupled with lack of exact remedies, unvarying in strength, uniform in action, certain in results, has bred a disbelief in therapeutics.

The cure is to be found in elevating the study of pharmacology and therapeutics in our schools and colleges and the use of dependable drugs.

Shall the physician dispense? That is a question each must decide for himself, but some concerted action may be forced on us on this question if the druggists carry out their proposed plan to introduce laws in the several legislatures prohibiting dispensing by physicians. This attempt to force the medical profession into an unbearable position will fail, as it should do, simply because the profession will fight such an attempt to a finish.

Let the druggists remove the beam, counterprescribing and substitution, two rampant and almost universal abuses, from their eyes before looking for the mote in ours. A certain amount of dispensing a physician must do if he has the true interests of his patients at heart, but probably the bulk of his work will pass through the druggist's hands. The amount will steadily increase as the physician finds he can trust the druggist to give him a square deal. There are honorable druggists—lots of them—but there are others of small principle. The same is true of physicians.

Physicians must assist and will assist when met half way, in restoring the confidence and trust which should exist between the two professions. Let them prescribe well-known ethical pharmaceutical preparations, shun the many fanciful fake remedies, and cease to lend their names and support to reprehensible advertising schemes. Let them study their cases more thoroughly, more

intelligently, and with greater interest; increase their knowledge of therapeutics and use only active dependable remedies.

Regarding the advised forced-feeding in typhoid fever, a warning should be given against forcing the diet in excess of the degree of assimilation. This may seem unnecessary, but several cases in point emphasize the need of a warning. The patient is a good judge of the quality of his appetite, but the physician should prescribe the quantity of nourishment to fit that appetite. In every case I believe judicious starvation for the first four or five days is good practice and productive only of good. During this period, eliminate thoroughly with calomel, saline laxative, castor oil or plain epsom salts; follow with an intestinal antiseptic such as the sulphocarbolates of zinc, lime and soda, in sufficient dose to deodorize the stools, and the patient develops usually a strenuous appetite. No harm will now result from an increased diet of milk, plain or diluted, (buttermilk much to be preferred) eggs and fruits, adding others, as custards, jellies, junket, ice cream, as the patient will assimilate, reducing the quantity at the first sign of fermentation.

The lactic acid bacteria are harmless and flooding the intestinal canal with them by means of sour milk or buttermilk will limit the production of pathogenic germs. It is now possible to obtain unlimited quantities of buttermilk from pure rich milk extemporaneously prepared by means of lactone tablets (P. D. & Co.) Buttermilk thus prepared, is of greater food value then ordinary buttermilk, containing as it does all the butter fat, and with the casein in a very finely divided state.

Dr. Burdick is mistaken when he states that a physician is denied the privilege of giving relief in an emergency. Under "exemptions" in many if not all the State Board laws, it is explicitly stated that the act does not prohibit services in cases of emergency, nor does it affect legally qualified consultants, nor does it apply to legally qualified physicians or surgeons residing on the border of a neighboring state. Some of these laws contain the proviso, "where no fee is charged" or "gratuitous services."

While one must agree with Dr. Burdick in his article on the Medical Expert, (October issue Wisconsin Medical Recorder) on several points he makes, it is a fact that many of the State Boards of Medical Examiners aim to give fair examinations. My experience before four of the Boards has been pleasant, and I have found the examinations fair and practical. But the fact remains that it is an imposition on a regularly qualified practician to be subjected to the trouble and expense of a State Board examination if he desires to change his location for good and sufficient reasons.

R. J. Smith, M. D.
Schenectady, New York.

Never use the forceps when the os is undilated, except in an extraordinary emergency, as in convulsions or other conditions requiring the immediate termination of labor.—Berry, Oklahoma Medical News Journal.

With authority, denouncing the use of drugs, there is a laxing of effort, want of belief, a dearth of enthusiasm, and the teaching of this most important branch of medical science.—R. J. Smith, New York State Journal of Medicine.

A physician practised thirty years in a California valley. On one side the water was soft; on the other it was hard. The doctor suddenly awoke to the fact that his practice was enormously greater among the people who drank hard water than among the others.—Dietetic Gazette.

AMPHIACHYRIS DRACUNCULOIDES

Broom weed is the common name of amphiachyris dracunculoides. It is an herb growing from one to three feet high, in Texas.

A picture of amphiachyris can be found on page 704 of Lyle's Materia Medica, a work published by Dr. T. J. Lyle, of Salem, Ohio. A botanic description can be found in this work on page 111, and the remedy is also mentioned on pages 155, 660, 692, 701, 708, 713 and 740. Dr. J. M. Massie, of Mineral Wells, Texas, has written a few articles on amphiachyris, and C. T. Bedford, M. D., of Indianapolis, Ind., is prepared to send out reprints of his articles.

Amphiachyris is a remedy that is not very well known to the medical profession. I had an article on this remedy in the October, 1906, Wisconsin Medical Recorder, which was received with much attention by many physicians and I have hoped to see reports on the use of it before now.

In diseases of the mucous membranes but few remedies have the advantage of amphiachyris. It has the most favorable influence on the mucous membrane of the bronchi and is one among the most important remedies in bronchitis and bronchial asthma. In bronchitis it is generally combined with polemonium and in bronchial asthma it is generally combined with lobelia.

I will quote as follows from Dr. J. M. Massie:

"Mrs. O., age 64, had a severe cough for several years. I saw her first on March 5, 1895. In addition to the chronic cough from which she had suffered for years, in October, 1894, she had an attack of lagrippe. Her cough grew worse and more and more aggravated all the time. She was under the care of a noted homeopathic doctor until January 1, 1895. She was then under the services of a very prominent regular until a few days previous to my call. He had advised her to change climate (as they usually do when they expect a patient to die soon, and think that the probabilities are that they have gotten the financial assistance they might reasonably expect from the case) to go either to Florida or to California, stating that she was in the last stage of consumption and could only hope to be improved by a change. Acting upon his advice she had almost completed arrangement to go to California when friends induced her to call me. I found her very much emaciated, having the hectic flush and fever every afternoon, and night sweats. Was confined to her room and most of the time to her bed. I had Prof. F. O. Broady make a microscopical examination of the sputa, which was very copious and hard to raise, making the cough very severe, especially in the after part of the night. I then made a physical examination with the use of the stethoscope, after which I was enabled to state positively to the lady and her friends that she did not have tuberculosis, as both the other doctors had claimed, but that she had an aggravated case of bronchitis, entering very rapidly into broncho-pneumonia. This positive diagnosis, frankly given, inspired confidence into the family and the patient in me. The patient asked me what she might expect to gain by a change of climate. I told her nothing. She then asked me what I could do for her. I told her I would not promise her much, but would like to be permitted to treat her a while. At her request I took the case and put her on the following treatment:

℞

Powd. polemonium rep.....ʒiv.
Powd. amphiachyris .....℥jss.
powd. asclepias tuberosa....ʒiv.
Powd. zingiber .....ʒij.

M. Sig.—Tablespoonful to a pint of boiling water; steep thirty minutes, strain and take half teaspoonful every four hours.

℞ Fld. ext. amphiachyris.....ʒiv.
Fld. ext. polemonium.....ʒij.
Fld. ext. licorice.....ʒij.
Fld ext. myrica comp.....ʒj.
Simple syrup.....q. s. ℥iv.

Sig.—Tablespoonful every four hours alternated with the previous prescription. The bowels were regulated by the use of one of Stimson's pills, as required. This treatment was strictly followed for thirty days with a gradual improvement all the time. The asclepias was then dropped out of the first prescription on account of the skin acting too free and in its stead was supplied half an ounce powdered myrica cerifera. She was kept upon this treatment continuously for sixty days longer, making ninety days in all and was to all appearances well. I insisted upon her continuing it longer, but she could not see the philosophy of taking medicine when she was not sick and so it was discontinued. At this time she had a very slight cough; no fever, no night sweats —had a splendid appetite and good digestion. She left off the treatment two months and improved all the time. She then met with an accident; she fell, striking with her breast across the back of a chair, injuring the lungs to some extent, causing a slight cough to again appear. She resumed my treatment, and while under my care she met with another accident which produced a sprain in the hip joint. From this she was confined to her bed for thirty days. She is now up and as sound and well in every respect as it is possible for one of her age to be. She has a healthy appearance and bids fair to live to a ripe old age. Taking the age of this patient and the gravity of the case, I think the results were fine."

Amphiachyris is of value in falling palate, loss of voice, and oedema glottitis. It can be used in most all conditions where a diffusive stimulant is desirable and is a remedy that should be better known.

J. A. Burnett M. D.

CALCIUM SULPHIDE AND ECHINACEA AUGUSTIFOLIA

Calcium sulphide and echinacea are our two best and most widely applicable non-poisonous systemic antiseptics. The field of the first is a tendency to suppuration, while that of the second covers all forms of blood-poisoning. The two largely overlap each other, and a comparative study of their actions and uses furnishes a fertile field for investigation.

Let us consider the indications for the two remedies, broadly stated.

Calcium sulphide is indicated:

(1) To stimulate secretion and relieve distressing symptoms, in coughs and bronchial catarrhs, where the sputum is tough and scanty, the cough harsh and distressing, and the expectoration putrid.

(2) To prevent or abort boils and abscesses, especially when they occur in successive crops.

(3) To check suppuration and relieve inflammation of the lymphatic glands.

(4) To destroy or prevent the development of the pathogenic germs in the eruptive fevers and other zymotic diseases, thereby preventing contagion altogether, or aborting the disease in the stage of incubation.

(5) To overcome, modify, or lessen the results of sepsis in all zymotic diseases, when their partial development cannot be prevented.

Calcium sulphide is the older drug of the two, and its indications have been threshed out with some degree of thoroughness, even though it is still used by only a small proportion of physicians, and there still exists a great difference of opinion as to its virtues. I believe that this last fact is largely due to the fact that calcium sulphide is a very unstable drug, a loose combination of sulphur and lime, and only when prepared with the greatest care and skill can its virtues be preserved for the physician's use In the powdered form it soon loses

its strength, and in pills or tablets the same result follows in most cases. I do not know anything about the processes of manufacture, but I do know that the strength of the drug is better preserved in the granule form, owing to its peculiar process of manufacture, and that the carefully coated pills or tablets of some manufacturers give better results than do those of others. I therefore find a reliable manufacturer, and having tested his goods and found them satisfactory, endeavor to use them in all cases.

The effect of calcium sulphide in the class of coughs mentioned in the first indication, of which typical examples are seen in pertussis and some cases of influenza, is more satisfactory than anything else which I have ever tried. The second and third indications are perhaps those for which it is most commonly employed. In order to secure satisfactory results, it is necessary to remember the suggestion as to the necessity of using the preparations—whether pills, tablets, or granules—of a reliable manufacturer. Otherwise it will be labor lost, and you will say that calcium sulphide is inert.

I desire to call especial attention to the fourth indication for the use of calcium sulphide, that of preventing contagion in the eruptive fevers and other zymotic diseases. The evidence is rapidly accumulating to prove that measles, scarlet fever, mumps, whooping cough, and all that class of maladies, can in a large proportion of cases be prevented from spreading by the prompt and continuous saturation of all exposed persons with calcium sulphide, being sure to use a good article.

Echinacea is indicated:

(1) In poisoning by rattlesnakes and other venomous reptiles and insects. This was the use of echinacea which first brought it prominently before the medical profession in the early '70s, when Dr. H. C. F. Meyer offered to come to Cincinnati and bring a snake with him and be bitten by it, in order that he might have an opportunity of proving the power of his new remedy to cure the snake poison. Though his offer was not accepted, it is not disputed that the remedy is effective.

(2) In puerperal and other forms of acute septic infection. One of the most common and annoying forms of sepsis which come under the notice of the general practitioner, is that which follows neglected cases of abortion or miscarriage, and sometimes also cases of labor at full term, especially of instrumental delivery. Here the first suspicious symptom is a slowly rising temperature, and as it goes up, the doctor becomes correspondingly uneasy. Some of us have learned to give echinacea tablets in these cases, one-half to one grain every two to four hours, according to the height of the fever, and go home and sleep soundly, confident that the temperature will soon go down.

(3) In slow progressive blood-taint from defective elimination. This use of echinacea corresponds to the old idea of an alterative; and the reports from various sources indicate that it is very effective. Personally I have had no experience in this class of cases.

(4) In zymotic diseases due to the development of pathogenic germs in the blood. This corresponds very nearly to the fourth and fifth indications for calcium sulphide. Less is known of its effect in these cases, however, than is the case with the former remedy, and much remains to be settled. Or perhaps I should say, the effects are known to a smaller number of persons, and the knowledge is not as widely spread. Here is a good field for collective investigation.

(5) In all forms and conditions of so-called blood-poisoning. This in reality covers the entire field of the action of echinacea.

The principal preparations of echinacea are the fluid extract, the specific tincture, Lloyd's echfolta, and the tablets of the solid extract. For surgical purposes, echfolta is the preferable

form, being a purified and perfected preparation with the nastiness left out. But for convenience of carrying in the medicine case, the tablets, Abbott's, are far superior, while as to effect when administered internally they are fully equal.

I believe that these two remedies are worth studying comparatively, with the view of determining the indications more definitely, and finding out which drug best fulfills the several indicatians. If all the users of the drugs would observe carefully and record and report accurately the result of their observations, it would materially aid in building up the science of therapeutics The combined result of the observations of many individuals concerning the effect of a drug on sick men, is of more value than the result of the experiments of a few individuals as to the action of the same drug on healthy animals. We cannot all be laboratory workers, but we can all be clinical observers.

J. M. French, M. D.
Milford, Mass.

PANTHER-PATTING IN GIVING HYPODERMICS

I was called to see a traveling man, whom I found lying in bed. He at once called for a hypodermic of morphine, stating that he had been drinking heavily for some three weeks(and that nothing short of morphine would do him any good. After making an examination, I gave him one. After withdrawing the needle he said: "Doctor, you must have given many such injections." I said: "Yes, that is part of my work; I have been giving the treatment for drug and whiskey addiction for over ten years." I asked him why he asked the question. He said: "Because it didn't hurt me in the least."

In giving the hypodermic treatment for drug addiction and alcoholism, I usually put the medicine in the left arm, and we all know that a certain amount of induration occurs and much discoloration of the skin. I happened to fall into a new way of promoting dissemination of the fluid, other than that of rubbing—that of working the index and second fingers of the right hand rapidly up and down over the place of injection, and discovered that by using this procedure I had no induration nor swelling of the muscle. The next patient I treated I used this method and after giving a few pattings as mentioned, my patient gave the name of "panther patting" to the motion, and it fully explains it. Much has been said about looking after the little things, in our care of the sick, and I've fallen into the habit, and it is commendable and should be practiced by all of us. Try "panther patting" in giving hypodermics, and verify my statement.

George B. Simpson, M. D.
Webster Springs, W. Va.

WHAT OTHERS SAY

Tuberculosis. Ninety per cent of those who go into a high altitude die for want of oxygen. Two things cure tuberculosis—oxygen and blood.—Crawford, Chicago Medical Times.

We wish to urge the vital importance of making a more systematic and routine comparison between the clinical diagnosis and the findings of the postmortem pathology.—The Medical Standard.

Do you prescribe with certainty? Most assuredly, and so do all who study their cases carefully and prescribe in accordance with the action of the remedy upon the system.—Eclectic Medical Journal.

The Western Medical Review tells us that we can buy phenol-phthalein at forty cents an ounce, unless we want to call it purgen, when we can have the pleasure of purchasing it at two dollars and twenty cents per ounce.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

PREGNANCY AND PULMONARY TUBERCULOSIS.

A German writer, Dr. Ploos von Amstel has made a very exhaustive study in order to determine whether pulmonary tuberculosis furnishes an indication for the artificial interruption of pregnancy. He has examined, critically, the literature of the world, considering the subject in all its aspects, including the moral and legal, and from the enormous material thus collected, answers the question in the affirmative.

The physician, in making a decision, has to consider several leading points:

(1) Has tuberculosis an untoward effect upon pregnancy? Most writers believe that abortions and premature births are frequently caused by it, but Ploos thinks it not a very common result, at least in the early stages of the disease.

(2) What is the condition and future of children borne by tuberculous mothers? While direct transmission of tuberculosis to the offspring is theoretically possible, and tuberculosis acquired during intrauterine life has been proven, it is yet very rare. But the increased predisposition for infection of children of tuberculous parents is generally conceded, also the danger to the child from its close association with a diseased mother. The latter is illustrated by an experiment made by Bernheim. In three sets of twins he permitted the respective mothers to nurse one child of each set, while the other was turned over to a healthy wet nurse. All three babies nursed by their diseased mothers died, while the three others survived.

(3) Have pregnancy, labor and the puerperium a harmful effect upon the course of a pulmonary tuberculosis? Every physician will answer the question in the affirmative without hesitation. Almost always it means misfortune to a tuberculous woman to become pregnant. It is therefore the duty of the physician to warn a tuberculous girl or one with a tendency to tuberculosis against marriage, and a married woman against allowing herself to become pregnant. If impregnation occurs, it is Ploos' opinion that immediate interruption of the pregnancy should be advised. And as general experience teaches that pregnancy and the disease progress proportionately, it is evident that abortion is indicated at the earliest possible stage. Some writers would defer the abortion until the mother's health begins to deteriorate noticeably, or until the child has become viable. But Ploos argues logically that there should be no delay after the diagnosis of both pregnancy and tuberculosis has been positively made in view of the fact that for children of tuberculous mothers the chances to be born healthy and strong are very slight.

(4) Does abortion check the rapid progress of phthisis for which pregnancy is responsible? According to our author the progress of the disease is positively checked in some instances, and with certainty a decidedly injurious factor is always removed. When abortion is brought on at an advanced stage of pregnancy, then the harmful influence has been postent for so long a time that the added shock and insult may intensify instead of alleviating the disease. Hence the need of early abortion.

The subject is of great importance to all physicians, for unfortunately the combination of pregnancy and pulmonary tuberculosis occurs very frequently. It is doubtful, though, if the

author's radical position should be accepted as routine practice. For, after all, the two conditions are at times super-imposed, one upon the other, without harm resulting and no one can predict what course will ensue. Artificial abortion can be justified only upon proof that the intercurrent pregnancy aggravates the course of the existing tuberculosis and is likely to endanger the woman's life. Each case must be judged upon its own merits. The need of artificial abortion and the advantages of its early performance should always be kept in mind.

The physician who feels forced to advise artificial interruption of a pregnancy, is confronted by one of the most difficult problems in medical experience and has to shoulder a fearful responsibility. We all believe in the law of the survival of the fittest. But who is the fittest? The physically perfect human animal or the highly gifted and trained intellect in a frail body? By whom is the race benefited the most? A great share of the best work of mankind in science and invention, which have lightened the burdens of human existence, in music, art and poetry, which bring joy and beauty into millions of lives; in politics and statesmanship, through which freedom and the possibility of individual growth, have been given to the suppressed; in the spiritual realm of religion and philosophy which ennoble and uplift the entire human race—much of all this has been the work of men and women, the offspring of tuberculous parents, and themselves never strong or healthy from their inception to their early end. Humanity would have suffered irreparable losses if these who became intellectual giants, had been sacrificed in embryo, because it could be foreseen that they would never be strong or healthy. Truly, other considerations besides those of physical fitness have weight.

BUTTERMILK FOR INFANT FEEDING.

New testimony on the value of buttermilk as an infant food was produced at a recent meeting of the Berlin Medical Society, by Prof. Niemann. The children to whom it was given were from three weeks to six months of age. The preparation of the food was as follows: To one liter of buttermilk were added fifteen grams (one-half ounce) of wheat flour and sixty grams (two ounces) of cane sugar and thoroughly stirred; then the mixture was brought to a boil and immediately removed from the fire, and this was done four times in ten minutes. The preparation was then cooled, poured into clean bottles and kept on ice. The buttermilk preparation was found to afford excellent nourishment for both sick and healthy babies. In seventy-one cases of gastro-enteric catarrh, complete recovery was obtained in sixty-three. Good results were also obtained in cases of chronic dyspepsia and marasmus. Cream may be added to the mixture in any desired proportion and the acid can be disguised by the addition of sugar. Only a few children object to the taste of buttermilk; when they do they should never be forced to take it. In the discussion of the report it was held by others that buttermilk should not be given regularly, but only as a last resort when all other foods disagreed. Its use should be tentative, beginning with small quantities, increasing as the tolerance for it was proved. The latter view commends itself to the American physician as most consistent with the principle of infant feeding.

NOTHING NEW UNDER THE SUN.

It is somewhat humiliating to be told that an idea which we considered a valuable innovation had been held generations ago. The treatment of oedematous conditions by salt-free diet has been generally conceded to be a modern theory, and we took considerable satisfaction not long ago in reporting in these columns good effects from the same form of diet in epilepsy. Our pride got a shock, when we read in an editorial in the Journal of the A. M. A. that food

devoid of salt was described for "dropsy" in an ancient Hindoo medical work of about 1000 B. C., itself a compilation from a still more venerable work, and doubtlessly a source from which Hippocrates drew much of his knowledge. The book gives detailed instructions and concludes that "conducting himself thus for one year one may conquer abdominal dropsy, characterized by accumulation of water, even when it has manifested itself in a pronounced way." It is not altogether safe to sneer at the ancients and their methods.

MORTALITY FROM TUBERCULOSIS.

Mr. F. L. Hoffman, statistician of the Prudential Insurance Company, in a paper published by the Medical Examiner and Practitioner, gives statistics of mortality from tuberculosis among workers in twelve trades, recognized as particularly injurious to health and life, drawn from the records of his company for the year 1897 to 1905. They are as follows, in the order in which he gives them: Grinders 51.3 per cent, polishers 38.4, tool and instrument makers 33.7, engravers 37.2, stoneworkers 35.9, potters 31.8, glassworkers 28.7, glass blowers 30.3, printers 38.1, compositors 36.1, pressmen 45.5, hatters 33.1, cigarmakers 28.8, spinners 29.9, weavers 27.9 per cent.

This compilation is instructive and of practical value, especially to insurance examiners, as they must take into consideration all factors and influences bearing on the life expectancy of applicants for insurance.

Out of seventy-nine thousand and sixty-five school children examined by the inspectors in New York City, fifty thousand nine hundred and thirteen were found to require treatment of some sort. The most common troubles were defects of the teeth, of the eyes, and enlargement of the anterior cervical glands, hypertrophy of the tonsils coming forth.—Medical Herald.

VARIOUS OPINIONS

There is a risk of severe toxic symptoms if not of tetanus from the subcutaneous juice of gellatin.—Practitioner.

Typhoid Fever. The use of the antifermentives is based upon reason and justified by clinical experience.—Ager, Medical Record.

A recent writer strongly advises the use of calcium salts as cardiac tonics in pneumonia and heart disease, following influenza.—Therapeutic Gazette.

Theoretically, strophanthus is the drug which should yield the happiest results in cardiac degenerations, and I have often been much pleased with its effect.—Babcock, A. J. M. S.

Rose says that the term asepsis is incorrect, asepsia being the proper one. Antisepsis is, however, correct, since the first component of the word is a preposition.—American Journal of Obstetrics.

The state jouranls have, without exception, been a conspicuous success. They assume after shedding the swaddling clothes, somewhat the air of the youth who believes he possesses a monopoly of mature wisdom, but the majority of them recognize their limitations after some time.—Lancet-Clinic.

Schlesinger calls attention to the importance of venesection as a therapeutic means in the treatment of certain poisonings, such as those from the inhalation of sulphureted hydrogen, coal-gas, carbonic oxide, hydrocyanic acid, and nitrous oxide. Three hundred to four hundred cc. may be drawn off from patients with these, and the quantity of poison in the blood lessened by this much. The risks are exceedingly slight as compared to the advantages, especially if any section is immediately followed by saline transfusion. The risks are of course greatest in anemics and least in plethoric individuals.—The Railway Surgical Journal.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 NOVEMBER, 1907 No. 11

DRUG TREATMENT

In the last number of Folia Therapeutica, Penzoldt contributes an excellent article under the above head. He says that the position which pharmacotherapeutics occupies among the various branches of learning is unique, its true nature being that of chemical therapeutics. Although the modes of application are few and simple the number of agents which may be required is almost unlimited, as the number of chemical combinations in existence is unlimited. At the same time these various substances are valued and used to a very variable extent.

We need not assume that there are scientific men who, like the so-called nature healers, oppose the use of all drugs, for such men would not be true scientific men. Still there are certainly a goodly number who are content to make use of twenty or even fewer drugs in their practice. In contrast to these there are others who make use of a hundred or more drugs in prescribing; and taking the entire profession in consideration, it may be said that many hundreds of drugs and preparations are used.

It can hardly be doubted that the extremes are incorrect. He is wrong who uses no drug, just as he also is wrong who uses everything which is offered him. It is more difficult to decide whether the doctor who uses few drugs, or he who uses many, is right. Doctors are entirely agreed as to the certain efficacy of certain drugs. Many remedies highly valued by one are objected to by another. Why this difference? The reason is to be found in the enormous difficulty of making accurate observations of the action of drugs on the diseased organism. Observations can be made on the drug, the illness, or the observer. The quality of the drug is largely responsible for the inconstancy of results. In the case of many, especially of the inorganic drugs, the directions given in the pharmacopoeia as to the preparation, composition and chemical purity, afford a certain guarantee that the drug, as it came from the chemist really consisted of the substance indicated by its name. But in the case of a great many it is impossible even with the greatest care to avoid deviation in their constitution and therefore in their mode of action. Medicinal plants frequently differ in the proportion of their active ingredients, according to the place from which they are obtained. The raw materials alter somewhat rapidly when kept, and lose strength. The preparations derived from drugs by pharmaceutic operations, extracts, tinctures, infusions, decoctions, etc., obviously cannot always turn out

the same, although the manipulations may be carried out in apparently precisely the same way, with the result that sometimes more and sometimes less of the active ingredients are extracted. Even substances which are chemically well defined, may contain impurities of harmful action, as for instance, bismuth subnitrate with arsenic. Decomposition may occur in the case of many organic substances, producing alteration in their action, and we may be unable with the ordinary means at our disposal to discover the cause. The tests are often so difficult that they cannot be repeated every time it is proposed to make use of a seldom prescribed remedy. Can we expect every chemist to carry out tedious digestion tests, before he dispenses the substances which may have lost strength through being stored for some time? Of course the dangers of deception by substitution, decomposition, impurity and adulteration of preparations are greatest in the remedies of recent introduction, of which there is as yet no means of control.

How then is the doctor to overcome the difficulty as to exact observation of the action of drugs of variable quality? It is not of course to be expected that he knows the exact composition of all remedies, or that he will control their purities by reactions. However, every medical man is to be expected to have an idea of the sort of chemical compound he is handling and of its visible characteristics. In addition to his pharmacological knowledge it is therefore indispensible that every medical man possess a good chemical knowledge. Just as the surgeon regards it as a matter of course that he is acquainted with the exact form, quality and cleanliness of his instruments, so too, the physician who makes use of drugs in treatment, must make it his ambition to become better and better acquainted with the genuineness and efficacy of his drugs.

"A further cause of the variations which are so often observed in therapeutic results, is due to the nature of the disease. The uncertainty of our diagnosis renders it inevitable there. Among a group of diseases treated by a particular remedy, cases of other diseases will be accidentally included. Two cases may appear practically identical at a particular time, and yet the further course or the autopsy may show that the two cases represented entirely different processes. But even diseases to which we conveniently and justly give the same name, differ in the most marked way in different cases. There are differences in the extent of local processes, in the participation of the rest of the organism, in the disturbance of particular functions, in the combination with diseases of other organs. But in the present state of diagnosis it is difficult, and often impossible, to recognize these differences in detail. We have to consider particularly the differences in the absorption and elimination of the active substances, for these two actions of drugs are of fundamental importance."

We see here that the great German is coming perilously near the heresy described by our friend at Columbus, who denounced the suiting of remedies to the conditions presented by the patient.

Penzoldt goes on to say that the results of the same remedy differ according as it is taken into a diseased and hence badly absorbing mucous membrane, or into a healthy absorbing surface. In lowering of cardiac action, a stimulant applied subcutaneously will have the best effect, when the drug can be taken up rapidly into the circulation, but will remain without effect, if collapse has advanced so far that absorption has ceased. We are not usually in a position to judge how far absorption has been interfered with.

Then the effect of the drug will appear to differ according to the state of the excretory apparatus. It will be more powerful in cases of interference with the action of the kidneys and other excreting organs, less powerful when

these functions are increased. We are not clear as to the reasons for the great power of resisting certain drugs shown in particular diseases, as narcotics in psychic diseases, quinine in fevers. We are quite unable to explain idiosyncrasies. We must not forget the subjective element in judging of the effects of drugs.

The only way to overcome the difficulty of judging the effect of a drug arriving from the nature of the case, is to make one's diagnosis as accurate and complete as it possible. It is not enough to decide on the disease, as one decides on the name of a plant and then prescribe to suit; we must first seek to ascertain every abnormal feature in the case, to analize and weigh every feature, to consider the personal equation of the patient and then prescribe our remedies.

Here you wil see he flopped completely over into heresy, and he even emphasizes this in the following sentence: To individualize is therefore necessary both as regards the disease and as regards the patient. "To be honest," he says, "we must own that another cause for the deviations in our pharmacal therapeutic results is to be sought in ourselves. The method of observation is inadequate, but this may and may not be our own fault. The numerous prescriptions written in a busy day render exact supervision of therapeutic action impossible. The doctor is to a great extent dependent on the statements of his patients and on subjective impressions."

Here we must beg leave to differ. While these are received it is the doctor's duty to put first of all his own observations as to the action of drugs, and he really ought to know enough about the latter to judge whether the improvement which follows, is due to the remedy or the natural course of the disease. In fact this seems to us an elementary principle of practice.

Penzoldt goes on to say, we should not unnecessarily complicate a problem already sufficiently involved, by prescribing a number of drugs simultaneously. We should particularly avoid prescribing several drugs on one prescription. Many inactive drugs have acquired a therapeutic reputation, simply because they have always been prescribed along with an active drug. If we expect a definite action we should not tell the patient beforehand what effects we anticipate.

Here he illustrates the point we have made above, by remarking that the chief point is to make it a rule to seek the signs which are capable of objective verification, and to regard the statements of the patient as of use only in case of need. A complete clinical examination before, during and after the medicinal treatment, affords the safest way of obtaining a correct judgment.

The article closes with a denunciation of the wholesale production of new remedies and preparations. This flood of new drugs constitutes a danger, even acknowledging that among hundreds a useful drug occurs once in a while. The best safeguard against trade influences consists in the thorough clinical and pharmacological education of medical men. A healthy skepticism is the best safeguard against injury by new drugs, but there is no need for it to be generated into complete mistrust. Therapeutic nihilism has luckily been done away with.

The above quotations will suffice to show the wholesome, sensible tone of this paper. We commend our readers to the original as well worthy of their attention.

Lessing said, he who must struggle for his daily bread cannot think nobly. Altruria said that in the struggle for existence the highest aspirations are throttled, the noblest ideals are crushed, the dearest aspirations are put out of the way, preserved for some future occasion, and the future occasion never comes.

INTESTINAL ANTISEPSIS

There are several points which we wish to reiterate to our readers on the subject of disinfecting the alimentary canal. The first is that it is simply preposterous to attempt to do this with any chemical disinfectant, as long as the bowel is occupied by solid fecal masses. No known agent that could possibly be employed here would permeate these masses and destroy the micro-organisms or neutralize the toxins which they contain. It is therefore absolutely necessary to first completely empty the bowels, and as long as this is not done, as long as a single fecal mass remains empounched somewhere along the large intestine, it will be impossible to accomplish our object. Let us begin, therefore, by attending to this matter and attending to it thoroughly.

This being done we may then begin to give the intestinal antiseptics in suitable doses, say from five to ten grains of zinc or soda sulphocarbolate every one, two, three or four hours, according to the urgency of the case. How long should this be continued? We may ourselves have inadvertently stated, until the stools are inodorous, but this is evidently a mistake. Normal stools are never inodorous; unhealthy stools are abnormally offensive. The remedy should be continued until this odor is reduced to what may be considered normal. When sulphocarbolates with bismuth are employed, we may utilize Bouchard's acute observation—the bismuth will continue to form bismuth sulphide and blacken the stools as long as the sulphides are present in the alimentary canal. When the disinfection is complete and the sulphides are no longer formed there, the blackening will cease. This was Bouchard's suggestion, which we have utilized all the more since a small quantity of bismuth salicylate helps to make the sulphocarbolates still less irritating to the stomach, although even without this ingredient the irritation is exceedingly small, when absolutely chemically pure sulphocarbolates are employed. But before the blackening ceases it will be found that with much smaller doses than are necessary for this purpose, the abnormal odor has disappeared and we have simply the odor of a healthy stool. This is quite sufficient. There seems to be no reason for pushing the administration beyond this point, unless it may be thought proper, after bacteriologic examination of the stools has been made, and it is found that the microorganisms which we wish to get rid of, persist. For instance, in a case of amoebic infection of the bowels, we may find that the amoebae are diminished but not entirely banished by the sulphocarbolates. In this case we may, with propriety, push these agents until the amoebae completely disappear.

The same holds good in regard to the typhoid bacilli, although there may be a reinfection of the bowels when these bacilli with increased virulence descend from the gall-bladder into the duodenum.

We would urge upon our readers particularly the importance of frequent bacteriologic examinations of the stools. The profession has pretty fairly learned the lesson of examining the urine, but as yet examinations of the feces are the rare exception. Our own rather extensive experience in this matter, however, has shown us that in a large number of instances we have obtained from this examination information in regard to the nature of the disease and its progress which could not have been supplied in any other manner, excepting by that inference from the symptoms of the patient which may or may not be correct. While we acknowledge that the skillful physician may as a rule be correctly guided by such inferences, it is never right to depend on such information when more exact data can be secured at the expense of rather a troublesome, it is true, method of examination.

Nevertheless it is just such trouble that our patients pay us for, and expect us to take; and although the examination of stools is by no means a pleasant occupation, if our patient's welfare demands, it should be made.

While we thus insist upon the importance of the laboratory work in the conduct of serious cases we would interject here a warning against too exclusive dependence upon it. For instance, suppose we have a case of suspected typhoid fever, it may require a week or more before the laboratory will verify our diagnosis by means of a widal test. It would be absurd, however, for us to wait until this is done; if we do so, the proper time for medicating the patient effectively has been lost, and we have before us no longer the hope of aborting the disease, but simply that of conducting it, if possible, to a favorable finish; and even this has been greatly lessened by the long time during which the disease has been allowed to run wild.

As the disinfection of the alimentary canal by means of the sulphocarbolates is practically a harmless thing, we believe that it is good practice to empty the bowels and disinfect them in this manner as soon as we suspect anything like such an infection as that of the typhoid bacilli. Most physicians who adopt this suggestion report to us that they have numerous cases which they are really unable to diagnose. These look to them in the first place like typhoid fever, and the older physician was accustomed to say that the patient was developing this malady. But after the bowels have been cleared and disinfected the symptoms subside so rapidly that we are constrained to believe, either that the diagnosis was a mistake and that it was simply a case of fecal toxemia, or else that a true typhoid was aborted. In some instances an examination of the blood may detect the typhoid bacilli, but few active practicians have the time to do such work in their busy practice, and comparatively few patients are willing to pay to have such work done, when they have within a few days recovered from the threatening illness and are ready to return to their duties.

EDITORIAL NOTES

Ninety per cent of the things that can't be done, can be done. It is generally a question of willingness to try —really try.

In the October number of the Practitioner, Bridge calls attention to the connection between infant mortality and fly infection.

Peruna is now put up in tablets. We presume that the proprietors will seek to sell it to the medical profession—a la Ray Chemical Co.

The Woman's Medical Journal says that one hundred million Chinese are opium smokers; but how it knows this we cannot apprehend.

From the general tone of the September Critic and Guide, we infer that Editor Robinson is doing right well, thank you, and that the weather in New York City has turned cool.

The Chicago Sanitary Milk Commission says that certified milk cannot be sold at less than twelve to twenty cents per quart. Every increase in the cost of milk necessary to raise the quality, must be borne by the users.

Philadelphia's pure food inspectors have been investigating the cheap soda-water fountains of that city, and find a most disgusting state of affairs. It might be worth while for the pure food inspectors of other cities to follow their example.

Notwithstanding the perfection to which ether anesthesia has been brought, and the laudations it has received, a writer in the October number of the Annals of Surgery, devotes considerable space to urging the value of the administration of this agent by the rectum.

The Pharmaceutical Era reports a fatal case of carbolic poisoning occurring in England from the accidental contact of the acid with the skin. The patient died comatose.

The Clinique makes a sensible plea against the practice of physicians itemizing their bills. Our professional ability has supposedly been measured by fixed rates, but this may be a very unjust method alike to the patient and the doctor.

Albright's Office Practitioner arraigns the Ray Chemical Co., of Detroit, for openly and notoriously supplying 'dope for the quackery.' He states that they supply the Stewart and Shoop people, but does not say that they are the Ray Company.

The history of Semmelweis and innumerable other instances only go to show that it would be the blackest of days for medicine should the journal independent of orthodox absolute control be blotted out, says the St. Louis Medical Review.

The only editorial effort to which the Oklahoma Medical News Journal seemed capable for the October number, was to give a whack to intestinal antiseptics in typhoid fever. Surely this lusty young commonwealth might present something more virile.

San Francisco paid ten cents for each rat caught within the city limits, but the price was reduced to five cents since that was the price offered in Oakland, and they feared that the youngsters of Oakland would bring the rats over to San Francisco and sell them for double the home figure.

Osler said: "Be skeptical as to the pharmacopoeia. As a whole, he is the best doctor who knows the worthlessness of medicine." On which the Clinical Reporter says: "The worthlessness referred to by Osler is that of the dominant old school medicines; and every homeopath would say Amen."

A writer in Cosmos urges that dentists limit their practice to five hours a day. Then they will make more money, live longer and be more useful; devoting the remainder of the day to recreation. Let's be dentists.

In some parts of the south, alum has the reputation of being a sure cure for the poisoning from the bite of a rattlesnake. There may be something in this. We know that snake venoms act by causing vasomotor paralysis through the abdominal region by means of which the blood collects in the great abdominal vessels, retreating from the brain, and the patient dies from anemia of the brain. It is just possible that alum, having an astringent effect on the stomach and bowels, may combat this condition and be of some service. It does not do to be too positive that popular remedies have nothing in them.

Sometimes the American Journal of Obstetrics contains something that is really useful. Last April it had an exceedingly valuable paper by W. J. Vogeler, entitled "The Blood Pressure during Pregnancy and the Puerperium." We have space here but for one question which is as follows: "Marked hypertension persisting in spite of treatment, with increasing edema and the development of cerebral symptoms, is extremely dangerous even without convulsions. Interference with pregnancy would be the better policy."

Gaillard's Southern Medicine for October has a sensible paper by Dr. Fitch, and an editorial advocating a reform in woman's dress. But bless your soul, doctor, how are you going to get woman to reform her dress? She will go to a ball with shoes two sizes too little for her, dance every dance and enjoy every moment of the time, while any man living would be in a constant state of profanity over the torture. You've got to get some stronger motive than good health or comfort to induce her to make any alteration whatever in her dress.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

BUSINESS METHODS OF SPECIALISTS. Or How the Advertising Doctor Succeeds. By J. D. Albright, M. D., Editor of Albright's Office Practitioner, and Author of "The General Practitioner as a Specialist." Pages 112. Cloth. Price $1.25, Postpaid. Published by the Author, 3228 North Broad St., Philadelphia.

The purpose of this book is well indicated by its title. The book tells how advertising doctors get their patients, obtain large fees and hold them for treatment from month to month. Dr. Albright divides advertising doctors into two classes: One whose only sin is that of advertising, and who combines good business principles with therapeutics; the other who is a fraud in every respect.

The book gives the regular practitioner some good suggestions about business methods. It also gives him such a knowledge of the methods of the advertising spceialists that he can often convince patients of the fallacy of some of their claims. The book gives the different kinds of contracts and guarantees of the advertising doctors, and also shows the loophole the doctors always provide for themselves in these contracts.

Much that the book contains has been secret heretofore, and never before published. The book is written in an interesting style and may be read with profit by all practitioners.

MERCK'S INDEX FOR 1907. Third Edition. An Encyclopedia for the Chemist, Pharmacist and Physician, Stating the Names and Synonyms, Source of Origin, Chemical Nature and Formulas, Physical Form, Appearance and Properties, Melting and Boiling Points, Solubilities, Specific Gravities and Methods of Testing, Physiological Effects, Therapeutic Uses, Modes of Administration and Application, Ordinary and Maximum Doses, Incompatibles, Antidotes, Special Cautions, Hints on Keeping and Handling, Etc., of the Chemicals and Drugs Used in Chemistry, Medicine, and the Arts. Pages 472. Bound in Cloth. Gratuitous to users of chemicals upon receipt of twenty-five cents to cover expenses incidental to delivery. Merck & Co., New York.

The general scope and character of this book are made sufficiently plain in the sub-title. It is a chemical encyclopedia. But, whereas Beilstein takes in all possible chemical combinations, Merck's 1907 index limits itself to the chemicals and drugs actually on the market, giving in regard to them information comparable to Beilstein's.

To those who have had the good luck to secure previous editions, Merck's index has become well night indispensable. This latest edition is bound to make many new friends and to strengthen old friendships, improved as it is by the addition of the newest products of the chemical industry, by the adoption of the latest nomenclature, by the adherence to the most modern authorities, and by the verification of the data concerning the famous Merck products at the laboratories of that leading house in the production of chemicals of quality.

BOOK NOTES

Leading articles in the National Magazine for November are "Affairs at Washington," illustrated, by Joe Mitchell Chapple; "Two Country Lawyers," illustrated, by Frederick S. Hartzell; "At a Nation's Shrine," illus-

trated, by the editor; "The Home," a department; "Happy Habiters as Builders," by the editor; "The Inconsistent Tom Johnson," by W. C. Jenkins.

The Cosmopolitan Magazine for November presents: "Occasions for Thanksgiving," by Harold Bolce; "Comets and Their Mystery," illustrated, by Waldemar Kaempffert; "Theodore Roosevelt—By Himself," illustrated by a portrait; "English Beauty on the Stage," illustrated, by Alan Dale; "The King's Messenger," a Story, illustrated, by F. Marion Crawford; "Small Contributions," illustrated, by Ambrose Bierce.

McClure's Magazine for November offers: "Portia: The End of My Apprenticeship," illustrated, by Ellen Terry; "Ezekiel in Exile," illustrated, by Lucy Pratt; "Great American Fortunes and Their Making," illustrated, by Burton J. Hendrick; "The Meagre Life," by Perceval Gibbon; "Criminal Government and the Private Citizen," illustrated, by George Kennan; "Reminiscences of a Long Life," illustrated, by Carl Schurz; "A Holiday," illustrated, by Ada Melvin; "The Father," illustrated, by Harris Merton Lyon.

The American Magazine for November contains: "Back There in '58," illustrated, by Ida M. Tarbell; "In the Different World," illustrated by Venita Seibert; "The Mote and the Beam," a fact novel, illustrated, by Lincoln Steffens; "New Readers of the News," by Ernest Poole; "The Powers of Men," by William James; "Love Never Faileth," illustrated by Annie Nettleton Bourne; "Letitia, Nursery Corps, U. S. A.," illustrated, by George Madden Martin; "Adventures in Contentment—the Harvest," illustrated, by David Grayson; "The Long Giant and His Shortcomings," illustrated, by Woods Hutchinson, M. D.

Everybody's for November opens with a striking article by William Ward, on "Making Steel and Killing Men," which deals fairly with the problem of the safety of workers in the dangerous trade of steel-making. "The Newest Land of Promise," by G. W. Ogden, describes graphically the opening up and cultivation of the West, and the opportunities for wealth offered to the homeseeker. Dr. William Hanna Thomson, in "Plain Labels on Germ Enemies," gives interesting and valuable information on the difference between contagious and infectious diseases. "The Ladies' Game," by Gertrude Lynch, discusses the question as to whether or not the American woman is extravagant in dress. Charles Edward Russell, in the continuation of "Where Did You Get It, Gentlemen?" tells of the bogus loans of thousands of dollars made ostensibly to office boys, and of the further illegal transactions of the State Trust Company.

The World To-Day for November, contains: "With Roosevelt on the Mississippi," illustrated, by Wilson H. Cotton; "Amusing the Moorish Sultan," illustrated, by John H. Avery; "How San Francisco Spent the Relief Fund," illustrated, by Winnifred Mears; "The Advertisement Writer," by James H. Collins; "The Modern German Merchant Marine," by Frank W. McVey; "The Present Situation in Russia," by Samuel N. Harper; "Industrial Education in the United States," illustrated, by O. M. Becker; "The Rediscovery of the Missouri," illustrated, by Walter Williams; "The Spreewald: A Rural Venice," illustrated, by William Mayner; "Meta Vaux Warrick, Sculptor of Horrors," illustrated, by William Francis O'Donnell; "The Business Men of the Army," by John G. Rockwood; "The Midway Islands," illustrated, by Jeter R. Horton; "The Hindu in the Northwest," illustrated, by Werter D. Dodd; "Railroads in the Air," illustrated, by W. G. Fitz-Gerald; "Purifying Water by Nature's Method," by T. Everett Harry.

MEDICAL PROGRESS

By E. S McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

The Indiana Medical Journal says that today there are fewer saloons in the thirteen southern states than in Greater New York.

* * *

The Druggist's Circular asks how many druggists have been made rich by selling nostrums for the manufacturers, and how many nostrum manufacturers have been made rich by the work done for them by druggists.

* * *

In stituto Therapeutico Italiano. This is the title of an institute which has recently been established in Milan, Italy, for the investigation of the action of new drugs, especially in regard to the serum therapy and hypodermic medication. The director of the institute is Dr. Zanoni.

* * *

Modern Gynecology in the Old Green Writers. Dr. Constantine Lamara, Assistant Professor of Gynecology in the University of Athens, discusses this subject to La France Medicale. The method of treating inflammatory affections of the uterus and surrounding tissues by hot enemas, which is known in France as that of Reclus is, we are told, described in detail by Oribasius. Dilatation of the uterine cervix which is first accredited to Hegar, in Germany, and to John Hall, in America, is said to have been fully described by Hippocrates. The Father of Medicine also used Pressnitzes compresses and they are mentioned by Moschion. Oribasius also mentions medicated vaginal tampons. The vaginal speculum which has made the name of Recamier famous, was familiar to the old Greek physicians. It was mentioned by Soranus, of Ephesus and by Paulus Aeginta. They also used sounds for the replacement of the uterus. Dr. Lamera and Dr. Foustanos, editor of the Grec Medicale of Syria, promise us a large number of rectifications of history in a library of old Greek medical writers, which will shortly appear.

* * *

Alte und Neue Gynekologie. "Old and New Gynecology" is the title of a work given out by the staff, past and present, of the gynecological polyclinic of the University of Munich in honor of Prof. von Winckle's seventieth birthday. No words of praise more justly describe the work than to say that it is worthy of the occasion of its production. The work consists of two parts devoted respectively to the older and the newer gynecology respectively. Prof. Klein contributes an article on the illustration of the female genitalia from the time of Andreas Vesalius, which was in the sixteenth century. It contains reproduction of a number of old manuscripts by photograph. The earliest treatise on the diseases of women is that of Soranus, circa A. D. 100, which is still extant. The next is by Moscion, which is ascribed to the eighth or ninth century; rather infrequent appearance of the gynecological literature. The illustrations throughout the work are of great interest. Some amusing examples of the controversaries of the time are given. Among a number of interesting papers in the second part are two of special merit, one by H. Elitze, on the Roentgen rays in gynecology, and one by Sakurai, of Nagasaki, on the difference of the time of delivery in European and Japenese women respectively.

Insomnia Relieved by a Warm Bed.—We all know how a warm bath will often relieve the nervous tension and produce sleep, also how drowsy one feels in a warm room, especially if the ventilation is bad and the room crowded with people. The widespread use of hot water bottles and the warming of the bed for children who sleep badly led Pregowski (Zeit. fuer Physik und Diat. Therp., February, 1907), to investigate this subject. He investigated the effect of a warmed bed upon himself on twenty-five occasions. On the first three he had mastered the regulation of the heat and in none of these did he fall asleep. In the other three times sleep did not come on only a sense of sleepiness. Eighteen times he fell asleep in periods varying from fifteen minutes to three-quarters of an hour and slept from half to two and a half hours. Usually he awoke feeling well and with a pleasant sense of weariness. The experiments on patients were almost always successful. The temperature in most of the cases was from 40 to 45 degrees C. A.; higher temperature had an unfavorable effect. Usually the effect was best if the bed was made noticeably warm when the patient went to bed and the heat was then gradually diminished till the sleep was deep, then increased. Patients who were convalescing from illness felt very well in health as a result of the daily sleep treatment. These investigations suggest that it is a very valuable method of inducing sleep. The beds were heated by means of steam through metal pipes. The experiments could only be conducted in the day time as that was the only time the heat was available.

* * *

The Pharmacist and Venereal Diseases. Although syphilis has long been considered a serious disease, gonorrhoea has but recently been considered as serious, especially in its results. Formerly any drug clerk was considered good enough to treat a case of clap or a cold, and the two troubles were by many, and are still by some, considered to be on a par. It is now agreed that instead of a drug clerk prescribing over the counter for a case of clap this disease demands the best treatment from a careful expert. What is true of gonorrhoea is certainly true of syphilis. The druggist is committing a crime against his customer who presumes to treat these cases himself, either by his own or patent or proprietary remedies. It is his duty to tell the patient the need of proper medical advice. True, many doctors are themselves ill-prepared to guide these cases to recovery, but that is not the drug clerk's fault. Many doctors discuss these cases in a flippant manner and fail to impress their patients with the importance of proper treatment and prolonged care and watchfulness. Every case of venereal disease should come at once under the care of a physician and not only that, but a competent physician —better a recognized specialist and an honest one. Gonorrhoea from being considered as serious as a bad cold, has become recognized everywhere by intelligent physicians as a most serious disease to treat and difficult to cure. There are many authorities who consider it positively incurable. They say it is apparently cured, only to break out again in after years and affect the patient's wife and children. We have resulting blindness, deafness, pelvic inammation, sterility, tuberculosis, inflammations on the brain and spinal cord, and many more sad and distressing sequellae more or less directly dependant on this insidious disease. Druggists should not put up and push remedies of their own for either gonorrhoea or syphilis and should discourage, if not absolutely refuse, to sell proprietary medicines for them. The druggist could do much to educate the people as to the seriousness of venereal diseases, for a large percentage of the cases apply first to the drug clerk. In every possible way and by every possible means the ignorance which is criminal should be supplanted by the knowledge which is virtuous.

MISCELLANY

THERAPEUTIC COMMENTS

By R. J. Smith, M. D., Schenectady, New York.

Dr. W. L. Heizer, of New Haven, tells us not to use any drug with which we are not familiar, to accept none but the standard authorities for the actions of drugs or their indications; to use none but pure drugs of uniform strength made by manufacturing houses of repute.

This is good general advice, but it is directed in this instance against the manufacturer of the hyoscin-morphin-cactin anesthesia tablet, Dr. W. C. Abbott. Dr. Heizer obviously does not consider Dr. Abbott a standard authority nor a manufacturer of repute. Hyoscin, he says, is practically identical with scopolamine, in spite of the fact that chemists have decided that there is a specific difference. Scopolamine may be chemically isomeric with hyoscin, but therapeutically there is all the difference between danger and safety. Both have been tested clinically; hyoscin has yet to be the cause of a death—scopolamine has quite a record of deaths.

In the main, Dr. Abbott acts as the carbon element in the galvanic cell, collecting the current of electrification generated at the zinc-element, this constituting the knowledge gained in the practice of thirty thousand active, honorable, reliable practicians of these United States. This knowledge is sound, well-tried, clinically, and becomes the working tool of our profession. Such knowledge is inestimable and Dr. Abbott deserves our thanks for being the medium of transmission. It is the old cry of commercialism worded differently.

CACTIN.

Laboratory experiment as expounded in the Sept. 21 issue of the J. A. M. A., has again determined the innocuity of a drug. This time it is cactin, a glucoside—the active principle of cactus grandiflorus. Dr. Hatcher, in a very able, concise and accurate system of experiments, has determined to his entire satisfaction the utter inertness of cactin. As a remedial agent it is absolutely useless, since in any reasonable dose administered to cats, frogs, dogs, etc., it has no appreciable effect. So, also, by others, the sulpho-carbolates have been proved inert as antiseptics in intestinal toxemia, because they do not kill germs in any reasonable strength of solution in laboratory experiments. Clinical experience, however, demonstrates their usefulness without determining the modus operandi.

Cactin, even in doses so small as gr. 1-134, frequently repeated, does slow a rapidly palpitating heart, due to an unstable condition of the vasomotors. Such is seen in "tobacco heart," in palpitation of the menopause, heart waverings in neurasthenics, rapid heart action in high altitudes, in alcoholic heart and in nervous strain and excitement as seen in obstetrics.

Cactin in these conditions restores the equilibrium, acts as a governor, stimulating the vasomotor centres, restoring tone.

Inject, subcutaneously, gr. 1-67 in a case of rapid heart action due to instability, and see the effect of cactin as a "heart slower."

To what else is due the slow heart in H-M-C anesthetic compound, but to the cactin content. And this effect is constant in every case in which I have used it. In obstetrics, the slow pulse is often marked for hours after the termination of the labor, where the hyoscin-morphin-cactin tablet has been used.

Cactin alone in simple palpitation

acts well and quickly, giving one granule (1-134 gr.) every fifteen minutes for four or five doses.

In infantile heart, palpitation is readily produced by any exertion, and in one case under the writer's control, cactin acted remarkably in sustaining the heart, aiding in its development and preventing palpitation after ordinary exertion.

In "tobacco heart" it has proved extremely useful in controlling the rapid heart action.

I have used it in pneumonia of children to prevent too rapid heart heat, to control heart waverings. Its action is supplemented by other stimulants such as strychnine. Strychnine alone in these cases does not always bring about equilibrium, and a few doses of cactin daily are indicated.

It is not an active poison in any dose probably, but in its indicated field of action is certainly worthy of trial.

BURNHAM'S SOLUBLE IODINE

Many have asked "Why is iodine so beneficial and what is its action?"

This is a timely question and has been the cause of a great deal of investigation. There are several theories extant, but the splendid work done by Prof. Benn of Bonn University, has given several valuable facts which are worthy of careful consideration. One of these is the fact that iodine, when in the tissues, is a carrier of oxygen and that, like iron in the red corpuscles, it is capable of repeating the process again and again, thus bringing about oxidation of congested tissues and restoration to the normal condition.

Prof. Sajous has proved the value of iodine as an adrenal stimulant and its presence in the thyroid secretions, thus explaining its power of increasing the vital forces of the body through the adrenals.

The Burnham Soluble Iodine Co., of Auburndale, Mass., manufacture a product which is fast becoming recognized as a powerful factor in the attainment of the iodine therapy.

INFECTIONS

Bouchard has truly said, "What makes possible the development of an infectious disease is not the chance meeting of microbe and man." This is occurring constantly, but there must be, in addition, a condition of the body favorable to the development and multiplication of the invading germ.

One of the most common conditions which so lowers the resisting powers of the system as to permit bacterial invasion is the toxaemia of faulty metabolism. The ideal treatment of toxaemia is by elimination. Alkalithia is the ideal eliminant and its use in selected cases of rheumatism, asthma, tonsillitis, chorea, eczema, urticaria, pruritus and incipient Bright's disease will well repay a careful trial.

A Successful Treatment for All Narcotic Drug Addictions. The habitual use of narcotic drugs has become so prevalent that every physician has this class of cases to contend with in his practice.

Physicians as a rule make it a practice to turn patients of this class away without encouragement; consequently the habitue has been forced to seek relief through nostrums advertised in the newspapers.

For the convenience of the physician desiring to prescribe successfully for drug habitues, the Combs Chemical Co., has perfected hyos-sco-phine tablets, presenting therein a combination that will instantly appeal to the physician as a rational treatment for narcotic drug addictions.

Hyos-sco-phine tablets contain hyoscyamine, scopolamine, piperidine, pilocarpine, caffeine and morphine in graded doses, quantitative formula appearing on every bottle. The combina-

tion is antidotal, eliminative and supportive. The treatment extends over such a period of time as to enable a very gradual withdrawal of the opiate, thereby avoiding the unpleasant experience of the patient under the hyoscine and other methods in use. To physicians sending information as to the kind and quantity of narcotic drug used by any patients the Combs Chemical Company, of St. Louis, will send price list for treatment adapted to the case, or will make quotation on any special treatment which may be desired.

It certainly is of interest to medical practitioners to know that a very powerful antiseptic, germicide and disinfectant has been discovered which is practically free from all danger. The name of the product is chinosol, the exact chemical name being potassium oxychinolin sulphonate.

The eminent German authorities, Beddies and Tischer, in the Allg. Med. Cen. Zeitung, state the power of chinosol in arresting diphtheria, cholera, typhoid and saprophytic bacteria to be thirty to fifty times greater than carbolic acid. They state in fact that the bactericidal power of chinosol is simply enormous.

Prof. Steenhuisen reports chinosol as being far superior to corrosive sublimate or carbolic acid.

Prof. Emerich reports favorable results in the treatment of ulcers and infected wounds with a chinosol solution even as weak as 1 to 40,000 and yet over 125 grains of pure chinosol have been administered to a rabbit for three consecutive days without and undesirable results whatever.

The value of chinosol in catarrhal troubles is said to be very pronounced.

Cystogen-Lithia Tablets. This effervescent tablet is of interest to physicians as it affords the means of employing the uric acid solvent and genito-urinary antiseptic properties of cystogen, augmented by the alkaline and solvent action of the lithia salt.

The value possessed by the salts of lithia as uric acid solvent, diuretic and anti-acid are available in this preparation. It is a most happy combination, displaying all of the desirable effects of both cystogen and lithia. The effervescence brings about a quick solution in water, producing a perfectly tasteless solution. Water that is too cold retards the effervescence. It may therefore be conveniently taken at meal time in a full glass of water. In cases where this method of administration is contra-indicated, it may be taken between meals, always dissolved in considerable water.

These tablets being effervescent, need to be protected from atmospheric conditions, and for this reason are packed in glass tubes containing one dozen tablets in each. Three tubes are packed in a small cardboard box. A tube may be conveniently carried in the vest pocket, so that patients may be expected to take the medicine with regularity.

Of late years so many worthless fever thermometers are to be found on the market, that it behooves the physician to carefully test every one he uses and see to it that they are at least nearly correct.

The Regal Thermometer Co., Emington, Ill., guarantee their goods to be absolutely correct and if not found so, gladly refund the amount paid for them. They have been engaged in the thermometer business since 1905 and their rapidly increasing business is a sufficient endorsement of their goods and business methods. In addition to their own goods they are selling agents for Hick's (London, Eng.) clinicals, and H. Weinhagen's clinicals, hypodermic syringes, needles, etc. Their advertisement will be found on another page and it will pay every reader of The Wisconsin Medical Recorder to try their goods.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. X DECEMBER, 1907 No 12.

Leading Original Articles

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State Street, Chicago, Ill.

(Continued from page 349 December Recorder.)

Deficiencies of various shapes may be closed so that linear scars are left when healing is complete. After such approximations, the cutaneous margins may show certain conditions which demand the attention of the surgeon.

In the instance of the rectangle the closure may be followed by the bulging upward of the tissues, particularly at the extremities, when closure is accomplished by linear approximation. To a certain degree this upward bulging is entirely inconsequental, and the operator may trust entirely to natural accommodative processes to result in disappearance when the natural shrinkage of loose skin occurs. If there is a considerable upward pouting of the skin it may be advisable to trim the projecting tag away, lengthening the scar and at the same time eradicating the bulging. We have a simpler or rather a more satisfactory means of overcoming this condition by trimming away the underlying cellular tissue where the tag pouts and it may be well to take with it a portion of the true skin itself. This will allow the loose pouting skin to drop downward and union of the interval formed beneath it by the surgeon will favor holding down the skin above. When a wound is closed so that a linear union is secured the surgeon takes advantage of the elasticity of the skin in two directions only It is possible to close so that advantage is taken of the elasticity in all directions and it may be necessary in closing certain deficiencies to avail one's self of this opportunity. The closure of the skin so that a central point of union is secured is the simplest application of this method. This is technically called closure by immediate adduction, and we are in the habit of saying that the tissues have been brought together from five or more points when the parts are closed by immediate adduction. In some cases in the application of this principle it is impossible to secure a complete closure by bringing the parts to this central point and we may have radiating lines extending from this central point. In other cases where the parts are brought toward a central point complete closure cannot be effected and we have a small

FIGURE 1

Fig. 1.—Illustrating manner of approximating the margins of a rectangle taking advantage of the elasticity of the skin in one direction only.

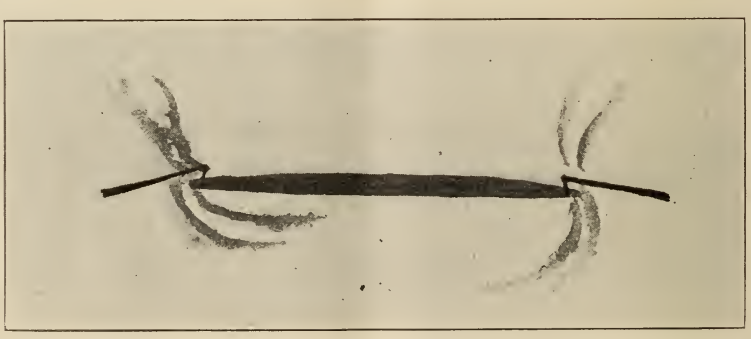


FIGURE 2

Fig. 2.—Folding or pouting of the skin usually may be disregarded.

FIGURE 3

Fig. 3.—A rectangular deficiency may be formed artificially as in the operation for hare lip. In this illustration by a single incision an interval is formed which becomes rectangular and finally linear.

FIGURE 4

Fig. 4.—Illustrates manner of closing the deficiency and overcoming hare lip illustrated in figure 3.

FIGURE 5

Fig. 5.—A deficiency of greater depth than illustrated in figure 3 may require a modification of the operation illustrated and two incisions may be required.

FIGURE 6

Fig. 6.—Here a rectangular deficiency is formed which is converted into a linear union by continued traction.

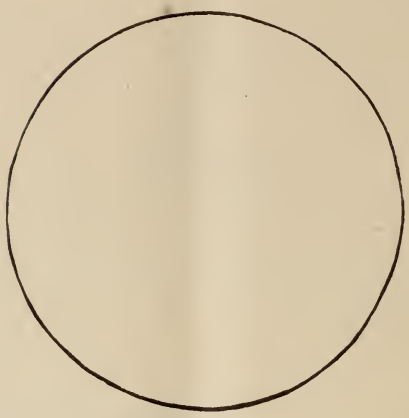


FIGURE 7

Fig. 7.—Closure of the circular deficiency may be accomplished so that only a pout-like scar remains.

FIGURE 8

Fig. 8.—It may be necessary to close, leaving radiating lines from a central point.

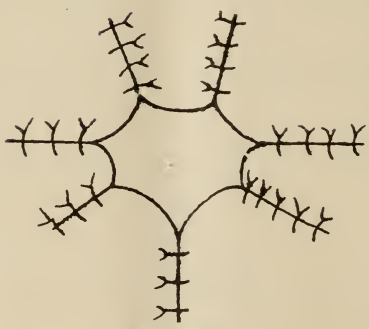


FIGURE 9

Fig. 9.—A number of radiating lines of union may be formed in the closure of the circle and a central deficiency may be left to heal by granulation.

FIGURE 10

Fig. 10.—By traction the equilateral triangle may be closed so that a central point is formed from which radiate three lines of union.

FIGURE 11

Fig. 11.—Complete approximation of the edges may be secured in many instances even though the deficiency be considerable, if advantage is taken of undermining.

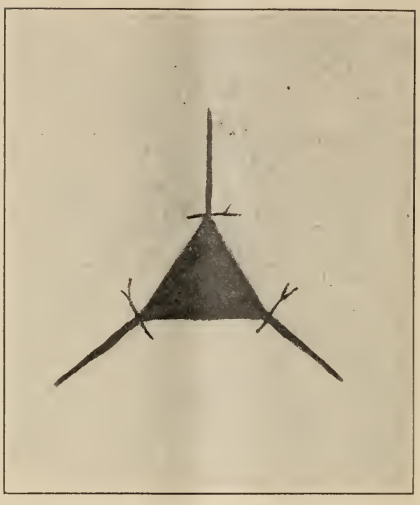


FIGURE 12

Fig. 12.—Distortion of certain parts may render it advisable to stop short of complete closure of the triangle so that a central deficiency is left to heal by granulation.

central area which must be left bare of cutaneous covering unless a graft is lifted from some other region and deposited here.

We cannot forget the effect of stretching of the tissues upon the bloodvessels and so cannot too greatly elongate tissues for the lumen of bloodvessels is progressively lessened the more they are placed upon the stretch. Temporary lessening of the circulation also effects the tissues in a manner which favors the cutting of stitches which are under tension. Great care should be used in closures about the face to minimize as much as possible the tendency for stitches to cut, for such cutting leaves in some cases particularly noticeable scars. This is the great advantage of the subcutaneous stitch in closing deficiencies about the face. Where it is possible to use this stitch satisfactorily, cutting cannot leave visible stitch marks and the only effect of such cutting willbe, in some cases, gaping of the approximated edges of the skin . The closing of the ing of the approximated edges of the skin in some cases. The closing of the equilateral triangle by immediate adduction may permit of the securing of a central point of union but it is the rule that we will have a central point from which radiate three lines. This closure allows for a fairly equable distribution of the tension so that irregularities in the skin are not to be expected. Sometimes the conversion of an irregular shape into the triangular by traction is accomplished with surprising ease and the operator should tentatively use his forces or tenaculi in dealing with irregular deficiencies to ascertain the shape into which they may be most readily converted.

(To be Continued).

FUSED (HORSE-SHOE) KIDNEY

By Byron Robinson, M. D., 100 State Street, Chicago, Ill.

The following legends of the four fused or horse-shoe kidneys will suggest the importance of renal anomalies in medical practice. Numbers 1, 2, 3, 4, I selected from over 60 illustrations which I have collected during the last ten years. They will be suggestive to the physician.

No one more than the gynecologist should be interested in anomalies of the renal apparatus. During the past ten years I have collected from all available sources illustrations of fused (horse-shoe) kidneys. The following legends of block numbers 1, 2, 3, 4, will suggest some factors in the subject of renal anomalies. So far as I am aware no horse-shoe kidney has been diagnosed pre-operative or pre-autopsic.

These four illustrations demonstrate the extensive range of the form of fused kidney. One of the chief factors in fused or horse-shoe kidney is the blood apparatus. The horse-shoe kidney possesses not only supernumerary arteries but also malposition of arteries. Physiology does not indicate a malformed-kidney. The X-ray may finally by perfection of technique indicate its presence. The fused or horse-shoe kidney is liable to trauma during gestation, parturition, constipation and from extrinsic trauma. From malposition and ureteral flexion it is perhaps more liable, than the normal, to ureteral calculus.

Ureteral catheterization does not always aid to a final decision. When the ureteral catheter is in situ a wire may be introduced and the apparatus X-rayed, but that will be but partial evidence. I know of three operators who encountered a horse-shoe kidney during a peritonotomy and successfully retired. Since the Wolffian body develops three kidneys—pronephros, Mesonephros and metanephros—the last kidney is a late developed organ and hence multiple anomalies will occur. The anomalies are especially renal fusion, ureteral duplicity, renal dystopia, renal vascular multiplicity, solitary kidney, unlateral kidney (frequently fused), permanent multilobularity.

Fig. 1—Fused (horse-shoe) kidney. Renes arcuati distal (distal poles fused). Explanation of illustration signs. Z, right and Y left renal mass. A. R., arteria renalis. X, isthmus renalis. 2, ureteral pelvis. 3, proximal ureteral isthmus. Presentation. Ventral view. Isthmus renalis. Parenchymatous. Dimension, liberal fusion. Location, at distal renal pole and also directly ventral to aorta and vena cava, but directly fiorsal to ureters. Both isthmus renalis and ureters are located ventral to vasa abdominalia magna. Hilus renalis. Bilateral hilus unicity and nonsymmetry (as to position) nonsymmetry (as to form, dimension). Located on ventral renal surface. Form, irregular. Dimension, usual. Sinus renalis. Diameters marked. Ureter proprius. Bilateral ureteral uncity and symmetry (as to position, form, dimension). Location, on ventral renal surface of bilateral mass. Form (isthmuses and dilatations) marked. Dimensions within normal range. Pelvis ureteris. Bilateral pelvic unicity and symmetry (as to form, dimension). Location, on ventral renal surface. The form abnormal, dimension, normal. Calyces ureteris. Not exposed. Vasa renalis. Bilateral arterial unicity and nonsymmetry, nonpaired. Vasa renalia enter hila. Topography. Holotopia, excessively medianward. Skeletopia, abnormally intimate with vertebral column. Syntopia, excessively intimate with aorta and vena cava. Form, crescentic. Symmetry. Nonsymmetrical. Surface. Lobulated, fissured. Dimension. Not equivalent to two kidneys. Position. Distalward congenital dystopia. (After Coplin).

Fig. 2—Fused (horse-shoe) kidney. Renes arcuati distal (poles fused at distal end). From woman aged 60.

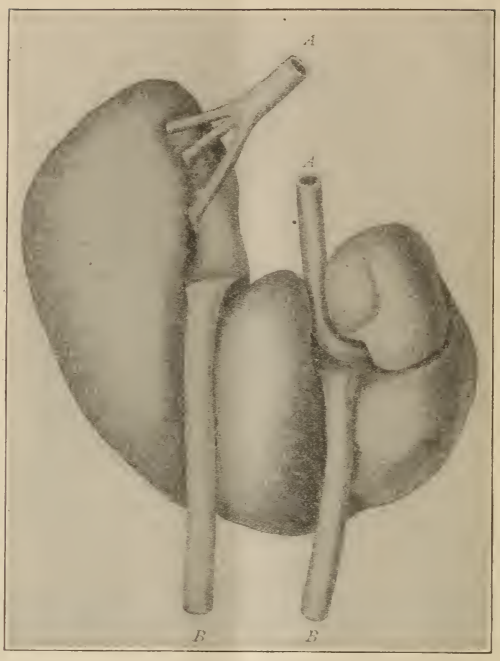


FIGURE 1

FIGURE 2

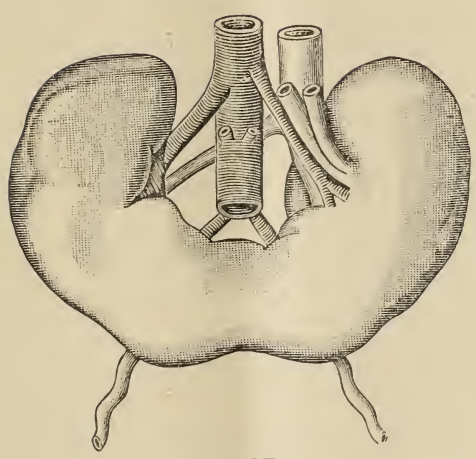


FIGURE 3

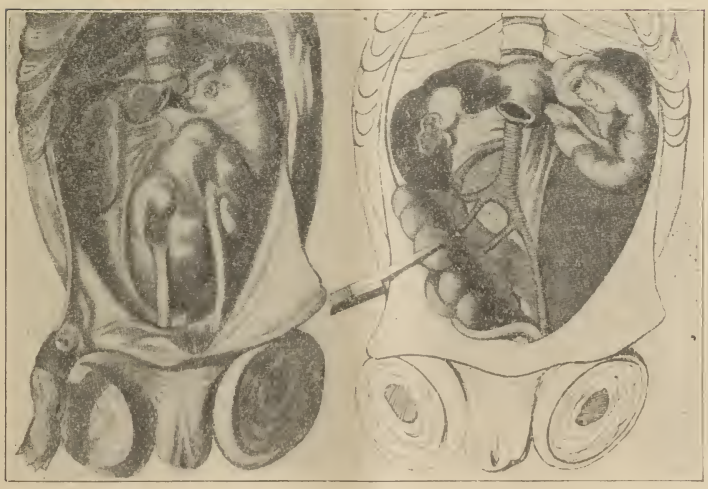


FIGURE 4

inches in its maximum diameter). (After Henry Morris.)

Fig. 3—Fused (horse-shoe) kidney. Renes arcuati distal (distal renal poles fused). Presentation. Dorsal view. Isthmus renalis Parenchymatous. Dimension, liberal fusion. Location, at distal renal pole and also ventral to aorta and vena cava, however, dorsal to ureters. The isthmus renalis lies immediately between the aorta and vena cava (dorsally) and ureters (ventrally). Both isthmus renalis and ureters lie ventral to vasa abdominalia magna. Hilus renalis. Bilateral hilus unicity and nonsymmetry (as to form, position, dimension). Location, on ventral renal surface. Form, irregular, illdefined circumference. Dimension (diameters), limited (especially on right). Sinus renalis. Left extensive renal excavation of limited depth (dorso-ventral) diameter). Right renal sinus of marked diameters. Ureter proprius. Bilateral ureteral unicity and symmetry (as to position, form, dimension). Location, on ventral renal surface. Form (isthmus, dilatation) marked. Dimension, normal. Pelvis ureteris. Bilateral pelvic duplicity and nonsymmetry (as to form, dimension), symmetry (as to position). Location, on ventral renal surface. Form, irregular. Dimension, normal. Calyces ureteris. Not exposed. Vasa renalis. Left three arteries, one vein. Right, two arteries and two veins. Vasa renalia, enter hila without exception bilaterally nonsymmetrical as to position, unpaired as to veins and arteries. There is a proximal and distal paired arteria renalis with a left lateral intervening arteria renalis. Topography. Holotopia. Located, excessively centralward and distalward. Skeletopia, abnormally intimate with the vertebral column and sacrum promontorium. Syntopia, excessively intimate with aorta, vena cava and vasa iliaca communis. Idiotopia, distal poles excessively rotated medianward. Form. Crescentic. Symmetry. Bilaterally symmetrica. Surface. Reni form. Dimension. Equivalent to two normal kidneys. Distalward, congenital renal dystopia. (Prof. Earnest Kuester, Marburg. Germany.)

Fig. 4—Fused (horse-shoe) kidney. Renes compositae central (central fusion of kidneys.) Specimen from new born child. The left figure presents the kidney in situ, undisturbed. The right figure presents the kidney rotated ventralward and rightward in order to expose the renal vascular rotation. Presentation. Ventral view. Isthmus renalis. Parenchymatous. Dimension, maximum, central, medial, renal fusion. Location, occupies the median space intervening between the proximal and distal bilateral renal poles. Also it is located directly ventral to aorta and vena cava but directly dorsal to ureters. Both isthmus renalis and ureters lie ventral to vasa abdominalia magna. Hilus renalis. Bilateral hilus unicity and nonsymmetry (as to form, dimension, position.) Location, on ventral surface of central composite mass. Form, distorted; dimension, limited. Sinus renalis. Distinct renal excavation. Ureter proprious. Bilateral ureteral unicity and symmetry (as to position, form), nonsymmetry (as to dimension). Location, on ventral surface of central mass. Form (isthmus, dilatation) marked. Dimension, sutailed in length. Course, distorted. Pelvis ureteris. iBlateral pelvic unicity and nonsymmetry (as to position, form, dimension). Location, on ventral surface of renal mass. Calyces ureteris. Not exposed. Vasa renalia. The central renal mass is supplied by two renal arteries which penetrate the dorsal renal surface. Two branches penetrate the central region while the third branch itself is an accessory renal artery by penetrating the renal surface like a saber. Topography. Holotopia, abnormally medianward and distalward. Skeletopia, excessively intimate with vertebral column. Syntopia, excessively intimate with

vasa abdominalia magna. Idioiopia, axes of the renal mass, distorted. Form, circular, heartshape. Symmetry, bilateral nonsymmetry, left lateralward renal was stends proximalward and leftward. Surface. Lobulated. Dimension, equivalent to two normal kidneys. Position, distalward congenital renal dystopia. (After Prof. Ernst Kuester, Marburg, Germany.)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

Continued from Page 356 November Recorder)

"THE PROFESSOR."

What a host of recollections this thought brings to our memory as we span the years that have gone, and again take our seats upon the hard, bare wooden benches and listen to this wonderful being perform mental and labial gymnastics before immature boys; and there comes floating down the ages the recollection of some "stunts" done by our favorite professor, that has successfully defied the mandate of time to erase from our mind.

What "Medic" will ever forget the delightful shock he experienced when he learned from this great man that a "wink" was merely the contraction of the orbicularis palpebrarum, while a "sneer" was the levator labii superioris aleque nasi in action. Do you remember, boys, how we sprung this on our landladies and waitresses? And how we got some of the reflected glory of this great man by their awed comments upon our wonderful progress. We created almost as great a furor as we did when we learned to decline the verb "amo" by heart, and worked it upon any unfortunate friend we could persuade to listen. No wonder we revered the professor—"God love his soul." He has gone; lo, these many years to his just reward, leaving behind him a monument in the memory of many successful medical men, sturdy, honest and inflexible in his dealings with both students and men. This man, whom hundreds of eminent men can recognize, was a "type," and such are rapidly passing.

He taught from the very love of his work, and the awed wonder of his class, as he unfolded mystery after mystery of the human body before their vision, was music and compensation to his soul. He was a bulwark to medicine in all its primitive and naked honesty and he left to his disciples a firmness of character that they cannot lose to their dying day.

Were we ever disappointed when his hour came? Did he ever fail to step into the lecture room upon the exact minute and leave as promptly? Rain or shine, he was there—no regulator made by the hand of man varied as little from the exact time as this great man. Did he ever fail to greet his class with his glorious smile? Did anyone ever see him out of humor? Did anyone ever shake hands with this medical wonder and not become a better man? He has gone to the reward that can only come to a pure soul and great mind. "All hail to the great Professor Frederick Schaffer," who towered like a giant over his confreres.

Yet this man lived too long. He had to drink the dregs of ingratitude, and compete with "frenzied surgery" in its most violent form. He lived long enough to see his younger, but dishonest competitors bid surgical cases away from him by paying exorbitant commissions, found discriminations against him in the various hospitals, because he would not follow blindly the various "surgical fads," that were sprung from day to day by the different people who were trying to lasso a "slice of fame."

His grand soul saw through the petty shallow pretense of many of these "fads" and simply refused to follow. He experienced all the heart-burnings of being the victim of medical college and hospital cliques. In the hearing of his patients an interne or nurse would let out the wonderful and reassuring information, that he had lost a patient during the last month after an operation, and they were "real worried" about the outcome of the present case, and they wished Prof. Knifen had the case, as he never lost a patient. They always neglected to tell the patient how much Prof. Knifen paid them for this little comedy. I have been informed many times that it pays to "stand in with him," but many times the cases were operated upon by this individual and to my certain knowledge many of them have died.

There were many men of this type twenty years ago and they would rather have died than do a mean action to a fellow medical man. Do you remember with what satisfaction we called them in consultation on that difficult case, where we were at our wit's ends—a life very precious in our sight from long association with the family. Do you remember how we had read everything we could find on the subject, and to the best of our ability would have moved "heaven and earth" in the interest of the valuable life we were trying to save, and in our very anxiety it seemed that the battle was lost, and we blamed ourselves for the seeming failure?

Do you recall our sending for "The Old Professor," the frantic appeal in the call, and how we hailed his arrival with joy Surely, if anyone could save our patient it was he. Do you remember the calm, kind, and considerate way he met us? The methodical way he examined our patient, until our heart was near bursting with anxiety? Can you see his kindly smile as he looks up at you suddenly, and you hear the words: "Doctor, you have won the battle; your patient will live."

Have you ever caught your foot in a railroad frog and heard the roar of the fast express in the distance; see the headlight of the giant locomotive as it suddenly rounds a curve in the road, while you struggle and tear the flesh from your hands trying to unlace a knotted shoe-lace? Have you ever felt the hot breath of the monster as it rushed upon you, as you throw yourself despairingly upon the track, only to find a moment later that the train is upon an adjoining track, where it was sent this particular night, by the Almighty God, working through the brain of an ordinary train dispatcher. If you have experienced this sensation, you know what the visit of the old professor did to the over-wrought brain and nerves of the young doctor, and it should be contrasted with what the modern professor would do to the young doctor.

A short time ago it was my pleasure and profit to be present when one of the new, up-to-date "breed" was called in consultation upon a young girl, who was suffering from empyema. The young, inexperienced doctor had gone all through the different diagnoses of typhoid fever, gastritis, pneumonia, etc., until he was nearly distracted, and had as yet hardly suspected the trouble.

While calling upon a friend in the neighborhood the young doctor happened in, and in his overwrought condition, the condition of his patient was brought up, and he asked me if I would mind stepping over to see her, as he had waited several hours for the great Prof. Hospitaldom Exploitabus Major to see the patient, and the great man must be detained.

Having nothing else to do, I consented and found his patient suffering from empyema of the left pleural cavity, very cyanotic and struggling for

breath, the diagnosis being confirmed by the syringe.

The young man drove over to get the necessary instruments to resect a rib, while I went into the study to be entertained by the young hopeful of the family, when the bell rang, and the Great Professor arrived, apologizing profusely to the family for the great delay; that it was unavoidable, owing to the enormous demands upon his time. No, he would not wait for the young doctor, as he had a "major operation" at the hospital waiting for him. (He had probably taken a saline). So his fur coat was thrown carelessly upon a chair, and he proceeded to examine the patient . A series of "grunts, ahs, and ohs" proceeded from the room during the process. Then he inquired, severely, why this patient had been so "neglected." She was suffering from lobar pneumonia and a private ambulance must be sent for and "she must be moved immediately to St. Agatha's hospital, where she can have proper care. If she doesn't get the proper treatment within a very short time she will die, and it may be too late as it is. I assure you that I and the hospital authorities will do all we can to save the life of your precious child."

Now I think that some of my relatives have a distant relationship with the "Buttinsky family" and I could not resist the impulse to have some fun with the professor, so I stepped gravely out and asked him to stay for the operation.

"What do you intend to do?" asked the surprised professor.

"Oh, I remarked carelessly, "we are going to do a Shoenhoffen's operation." (The professor was stumped, but game).

"And pray, what do you expect to accomplish with this obsolete operation?" he demanded fiercely.

"Well," I remarked innocently, "I expect we will 'cut a lung out.'"

"For God's sake man, are you crazy? Don't you know the patient can't stand as serious an operation as that, and that the operation has never been done successfully?"

"Ah, yes!" I replied. "I know it has never been successful, but what has that got to do with the matter? We've got to do something, and we need the money."

I was really sorry the moment I said it. The professor grew purple with suppressed rage, glared at me like a fiend, and grabbed his coat and hat, and ran out of the house, without stopping for "his money," which he had insisted upon having in cash when the call was sent in. It's lucky the professor did not know me personally, or I am afraid my reputation would suffer. Of the sequel, there is little to say. I stayed and backed up the young man until the pleural cavity was drained, a double tube inserted, and privately gave him minute instructions in the general care of the case. It made his reputation, and taught him a much-needed lesson of dropping the hospital professor from his consultation list. I can easily see the young man's finish in that community if he had been at the mercy of the professor without the services of a veteran who knows how to handle the "breed."

Boys, do you remember the fashion plate, with the hooked nose and the fog-horn voice, who taught us the use of drugs? Do you remember the stories he told to illustrate their use, until he and his class were in hysterics from laughter? "Bless his heart," he may not have been very popular outside of the classroom, but to him and his class, drugs took on a living, breathing form in the human mind, that twenty years of therapeutic nihilism has failed to erase. To him and his class every drug had an individuality, a personality, if you wish. They handled the drug and its preparations, tasted and smelled of

it, and occasionaly took to the full physiological limit.

His vivid description of the over-dose of tr. cimicifuga rac., taken by a student while testing its action made us hold our teeth shut to keep our hearts from leaving our mouths. The realistic portrayal of the suffering student while the messenger was hastening for help, the vivid mental agony due to the lapse of time, while the old professor was hurrying to the aid of his assistant, the administration of antidotes, the calming of the boy's fears, and the eventful recovery all make a chapter of a real serio-comedy, that throws fiction into the shade.

Or will we forget the tragedy of the over-dose of tr aconite, taken by one of the students by mistake. The long, slow battle waged while one poison was being matched against another, with a precious life in the balance. The death, grief, and funeral, all taught us that aconite was a powerful poison that should never be left unlabeled. In a realistic way we learned its symptoms, dangers and its therapeutic properties.

Possibly we may have been deceived. That it may be as our alleged modern scientists assert, that drugs are without value in the treatment of disease. This may be so to the modern doctor. To me, and my confreres, we believe drugs to be a real live personality that we can persuade to do our bidding.

We believe in drugs and have impressed our belief upon our patients. Drugs will not exert themselves for a skeptical master. They work only for those they love and who loves them.

Contrast this way of teaching with that of the modern way. I had the pleasure of listening to a great teacher of materia medica within the last year and picked up the following "chunks of wisdom" in the hour I spent under his hypnotic eye.

The use of drugs in the treatment of disease has mislead the profession and kept them far from the true path of science.

The physician who uses drugs in his practice may be honest, but is misguided.

It is sometimes necessary to use drugs in order to cater to the ignorant prejudice of the populace.

More study of sanitary science and less of pharmacology is demanded.

The profession would not be seriously inconvenienced if all the drug stores were to burn down and more, etc.—ad nauseam.

This fellow's system of therapy seemed so perfect, I was anxious to learn more of its practical workings. So I went out and hired a common laboring man to pose as a patient. Two hours' instruction in the symptoms of gastritis put the man in a fit condition to meet almost any "medical shark."

After waiting two hours the man came out with several pages of typewritten instructions regarding his case.

Say! when I read those instructions and prescriptions, I just began to realize that the medical profession has more unconscious humorists than any state in the union.

This is a synopsis of the great man's treatment of a case of gastritis from alcohol in a laborer:

WHAT NOT TO DO.

Don't use alcohol in any form.
Don' use fried foods of any kind.
Don't use solid foods of any kind.
Don't drink cold water.
Don't get up before 10 a. m.
Don't get excited; be calm.
Don't use coffee, tea or cocoa.
Don't smoke.

WHAT TO DO.

Drink one pint of kumyss every three hours.

Drink one wine-glass full champagne (if vomiting persists) every hour until relieved.

After one week use a barley gruel in addition to kumyss.

Go to bed at 7 p. m. Get up at 10 a. m.

Have an abdominal massage at 2 p. m., (card of masseur attached) preceeded by a Turkish bath of exactly four minute's duration in steam room.

Rest until 4:30 and take a brisk walk through the park for an hour.

Take a cold bath with a rubdown at 5:30.

Read some historical novel until 6:30.

Take kumyss and retire.

Important. You should make arrangements so that you can spend at least three months on a voyage to the south seas, or if you prefer, a visit to the Spa, at Carlsbad; it may do you an immense amount of good.

Medical Treatment. Take a teaspoonful of bottle marked "A" in a glassful of warm water three times a day. This proved to be a bottle of Vin. Mariana. Of the bottle marked "B" take a teaspoonful in one-half pint warm milk at bedtime . This called for "katharmon," a dope I later learned was made in St. Louis. When I had got this far, it occurred to me to ask the laborer what he thought of the "great doctor."

"Sure, Doc, that fellow has bats in his bellfry. You'd not ketch me paying tin dallars for his services, when my old slop bowl gets out of order. I say Doc Dugan, and I only pay him a dallar and he gives me some medicine that works like chain lightning and I only have to miss one week after getting drunk. Take a fool's advice, Doc.: Don't go near him, for he sure is crazy."

All of which goes to prove that the people who have retained a good amount of "horse sense" are found among the working people. They are much harder to swindle than their more educated brothers.

But what do we think about the matter as physicians? What will become of medicine if fanatics of this type are allowed to teach in our medical schools? How seriously are our successors to be handicapped when turned out of college with these half-scientific truths taught them by a medical lunatic, who has never learned the subject he was assigned to teach, and moreover never will even try to learn anything about drugs, as he is incapable of absorbing anything that is scientific but, like a phonograph, can only repeat in a metallic tone what has been put into it, making the fundamental mistake of calling "foreignisms" scientific.

Isn't it queer I had to wait nearly twenty years before I asked myself the question of "whence came the professor? How came he into being? How does he differ from the ordinary medical man? What special course does he undergo in preparation for his great work? Who discovered his latent talent and provided the opportunity for it to develop?"

I naturally turned to my medical confreres for information, and strange as it may seem, they had never given the matter any thought. They assumed, as I had done, that an all-wise Providence had provided the opportunity and made the man to fit it, and when I invaded the "jungle" for information I found its inhabitants rather inclined to resent the question and very reluctant to give information. Therefore, my quest was long and was accomplished with many livid sidelights before I solved the problem.

Seriously, the Almighty is not guilty. He did not make the modern professor. This fellow just happened. In other words, any man with a supposed medical education, who wants a chance to teach, can get it, provided he has from one to ten thousand dollars to invest in the stock of the privately owned medical colleges. One thousand dollars will give him a moss-grown subject like histology, physiology, etc. Two thousand dollars, a chair in materia medica,

pathology, toxicology, etc. Three thousand dollars, a chair in pediatrics and a clinic or lectureship on some kind of practice. Five thousand dolars gets you close to the "bins"; you become a professor of genito-urinology or physical diagnosis. And from this amount up the rich picking begins until the full amount gives a full professorship of surgery, gynecology, internal medicine, etc., with the privilege of hospital and college clinics, so that ability is not seriously considered and the professor comes into being solely because he happens to have a "wad" in his clothes.

He may have stolen the money, as far as the hospital and college cliques are concerned, simply having it is prima facia—evidence of having extraordinary talent. I nearly forgot to mention that the applicant must be very "ethical"; in other words, if he has a choice bit of deviltry he wants done, he must have it accomplished through an assistant or some "fool friend." Of course you comprehend, if it is found out, he can claim you are not responsible for what your friends do.

It is not considered "unethical" to own stock in a proprietary medicine house and to prescribe the nostrum upon any and every occasion before the class, and impress upon their immature minds its vast importance in the field of practice.

Also, it is all right to loan your name to any "gold brick scheme" of promoting a plantation in Mexico, digging holes in the ground, looking for gold. Neither is it "unethical" to manage a mail order medicine business and have the "company" refer the "dupes" to the great professor for treatment, when the "nostrums" fail to benefit them.

It is all done by the "company" and you are not responsible, and it has become an adage that a corporation has no soul.

I had the pleasure of spending two hours in a clinic run by a well known author in practice during the last spring, and got a fair glimpse of modern methods in all their naked horror.

A long, gander-shanked man, with blue lips, puffing under the eyes and a tremulous heaving was introduced as the patient. The professor stripped him and examined the reflexes of his body, knee jerks, etc., used the ophthalmoscope for his eyes, percussed and ausculyzed him, examined his blood, took his "opsonic index" and used up two hours' time to arrive at the diagnosis of "endocarditis." That was very apparent to any old practitioner from the general appearance of the individual. The examination being made and the diagnosis announced, the next patient was called, when a medical friend, who was with me, asked the great professor, innocently, "Professor, what would be your treatment for this condition?" The professor was evidently hit in a sore place. He looked surprised, and after an instant's hesitation remarked: "My dear sir; after I have made a diagnosis the question of treatment does not interest me in any way, shape or manner. I have never given the subject of treatment any thought."

Just so. The professor seems to have hit the nail on the head at last. It is queer that any medical fool at the present time should be interested in the question of treatment, as modern medicine is not interested in helping a poor human devil out of a hole, or getting his tail out of a gate, but they exist only for the purpose of giving a few smart "Alecs" a chance to pose as scientific men before a class of medical men who have lost all perspective of their duty to their fellow men.

No wonder poor, deluded mortals go to the "quacks" for relief from their bodily ailments or join some faith cult. And, seriously, I don't blame them very much, as these individuals certainly try

to do something, and the "great professor" don't.

Note: Reply to Dr. R. J. Smith's criticism; he might infer from my work so far that I am not taking up the good features of either medicine or state boards. I am presenting the matter in its worst possible light. I may have something to say later about some of the good points we have included in our profession, but just at present I am hunting fleas upon the medical body.

The following states make no provision for emergency work. If I am wrong I would thank anyone to correct me, as my data has been collected after infinite time and trouble.

No exemptions in emergencies: Mississippi, Illinois, Georgia, Florida, Delaware, Arkansas, Arizona, South Dakota, South Carolina, Alabama, Wisconsin, West Virginia, Washington, Virginia, Vermont, Texas, Tennessee, Pennsylvania, Oregon, North Carolina, New York, New Hamshire, Montana, Hawaii and Porto Rico.

(To be Continued).

OPHTHALMIA NEONATORUM

By C. W. Canon, M. D., B. S., Ph. D., Orkney Springs, Va.

We have just finished the treatment of a case of ophthalmia neonatorum which we will report in this article. But before doing so we will review briefly this disease.

In looking up the statistics of the results of this disease Rivere of Bordeaux says that purulent ophthalmia is responsible for one-third of all the cases of blindness existing on the continent, and has placed in the care of European institutions 100,000 victims. The statistics of the blind-asylums of various countries attribute at least 20 per cent of all cases of blindness to ophthalmia neonatorum. A prominent authority, Dr. Schweinitz of Philadelphia, says of all the blind in the U. S., 33 1-3 per cent owe their affliction to this disease; taking the census report of this country for 1900, in which there are 60,000 blind, we have 20,000 due to ophthalmia. In one institution for educating the blind there are 140 pupils, and the history of the cases show that 20 per cent were made blind by this disease. We know that this disease is preventible, but there must be neglect somewhere, when 20 per cent of our blind population owe their affliction to this disease. It is the imperative duty of every physician to use due diligence in the employment of prophylactic measures and to earnestly press the state authorities with their duty in the enactment and enforcement of such laws and regulations as will tend to obliterate this disease.

It is not necessary for me to go into the etiology of this disease for we believe that all physicians know that it is due to a specific pathogenic bacteria, Neisser's gonococcus. With the exception of this bacteria, pathogenic germs are not often found in the normal vagina of pregnant or non-pregnant women, because the vaginal secretions do not permit their multiplication and growth. Experiments conducted by careful observers prove that streptococci and staphylococci introduced into the vagina and cervix disappeared in 20 to 26 hours. Notwithstanding that some authorities claim that the child's eyes can become inoculated in utero, we believe that this is almost impossible. The infant's eyes are firmly closed while within the womb. Inoculation takes place either during labor or shortly afterward. One of the first things that an infant usually does is to poke its fingers into its eyes. Statistics show that a tedious labor predisposes the infant to the disease. And in case of twins the first may contract the disease while the second escapes.

Prophylaxis.—Some physicians advocate disinfection of the vagina prior to, or before the beginning of the sec-

ond stage of labor; but we believe the safer plan to follow is, unless the obstetrician suspects that the woman is infected, to use a solution of nitrate of silver in the infant's eyes as soon as washed and dressed. If the woman's vagina is known to be inoculated the physician's duty is to instruct patient to use daily irrigations of the vagina for at least one week before labor. For this purpose there is nothing better than corrosive sublimate 1-2000 water . The employment of nitrate of silver solution in the eyes of the newly born infant as a prophylactic measure is known as Crede's method and it has out-rivaled all others in results. Some obstetricians apply the treatment as soon as the infant is born. But we believe and practice it in the following manner: The nurse washes and clothes the infant as quickly as possible and then the treatment is applied. This has always served our purpose and reduces the danger of nurse or child inoculating it again to a minimum. Its results are so gratifying and its technique so simple that it becomes a question if it should not be employed as a routine treatment in all cases of the new-born. We would certainly recommend it where there is the slightest indication for the use of a prophylactic. Previous to its introduction in the lying-in institutions ten per cent at least of all infants born developed the disease, since its introduction less than one per cent develop the disease. Its value as a prophylactic is emphasized very conclusively when we know that 70 to 75 per cent of all infants who become blind before they were one year old were made so by ophthalmia neonatorum.

Treatment.—The usual period for the disease to manifest itself after exposure is about three days. If prophylactic measures have not been employed, or the physician has any fear whatever that the disease might develop he should visit his patient on the third day after confinement to examine the eyes of the child, if for no other reason. He should always instruct the nurse under such circumstances to report to him the slightest symptoms of the disease, redness, or irritation of the conjunctiva occurring within the first two weeks after birth. Infants often develop a catarrhal conjunctivitis from lack of cleanliness, but, if the inflammation be infective the symptoms will soon render the diagnosis positive.

The slight redness is soon followed by swelling of conjunctivae and eyelids and the appearance of the muco-purulent secretion. This is at first tenacious, but soon becomes profuse and creamy. The treatment should be begun at an early date as possible, although the diagnosis is in doubt, or the irritation subsequently proves to be only a catarrhal conjunctivitis. The illustration of the treatment I will report is one of my own cases which occurred only a few months ago. On Sept. 6th, 1907, Mrs. M— was delivered of a 9-lbs. girl baby by a midwife . On Sept. 10th, the baby developed sore eyes. The nurse, a girl of about 18 years, had the baby in charge. Two days later or Sept. 14th, they sent a message to my office, asking, "what is the best to do for the baby, as it has very sore eyes?" After asking a few questions I became suspicious of the cause, and told them that the eye was too delicate an organ to treat without seeing. They phoned at once for me to come. On my arrival I found the infant's eyes swollen shut and a creamy pus poured out when I pulled the lids apart. I recognized almost at once what I had to deal with. A quart of tepid water secured and all the boracic acid put in that it would dissolve, this was put into a fountain syringe; a pad of guaze was tied over the end of nozzle to break the force of water through the irrigating tube. The infant was then placed upon the nurse's lap on its back, the head a little lower than rest of

body. The nurse with one hand holds the infant's hands and with the other she steadies its head. The syringe is then suspended from two to three feet higher than the infant; a pan or basin is then placed under the head to catch the water. The lids were then cleansed of pus by mopping gently with bits of cotton, then they were gently pulled open by the fingers of the left hand, while the right hand directs the flow from the nozzle. This was changed from one eye to the other until the whole quart was used and the eyes thoroughly cleansed. This being done the child's head and face was dried; then I everted the lids and gently mopped the conjunctiva with a two per cent solution of nitrate silver. This I let remain in the eyes for one minute, and then irrigated them with a weak solution of common table salt. Living too far away to see the child more than once a day, I instructed the nurse how to prepare the saturated solution of boracic acid and told her to irrigate the eyes four times daily. After the eyes had been thoroughly cleansed I could then see the condition of the cornea which was much clouded and infiltrated. The nurse was then cautioned to use extreme gentleness and not to mop the ball under any consideration. She was also shown how to apply pure vaseline to margin of lids after each irrigation and the application of hot compresses in the intervals. To make a long story short I saw the child daily for ten days making daily applications of nitrate silver, after completing the irrigation, the nurse doing the rest of irrigating. At the end of this time I ordered the treatments to be reduced to two per day, and the application of nitrate was only made every other day, and its strength reduced to one per cent. The discharge was much reduced and the hazy condition of cornea disappearing. As the eyes improved the irrigations were finally reduced to one per per day, and the nitrate solution withdrawn. On Nov. 2d, I dismissed the case. I saw it a few days ago and there was but little sign that so severe a trouble had existed. Under the above plan of treatment there was decided improvement in 10 to 12 days and at the end of five weeks from time treatment was begun the case was dismissed. Taking into consideration the advancement of the disease and the damage to the structures of the eyes I believe that no better results could have possibly been expected. There are several things that are essential to have good results in this disease and gentleness is one of the first. Never attempt the removal of secretions from the eye by wiping with bits of gauze or lint. The lids may be treated in this way before separating them, but the conjunctival sack is more safely cleansed by free irrigation. The eyelids should be separated gently, and great care taken not to cause any abrasion of the conjunctiva, and especially of the cornea. The character and quantity of secretion should decide the frequency of the irrigations, as a usual thing four or five washings per day will suffice, but if the discharge is very free and purulent oftener will be necessary. The object to be gained is to keep the eye clean, preventing the poisonous discharge from remaining long in contact with the delicate cornea. Corrosive sublimate is preferred by some physicians because of its germicidal properties in destroying the vitality of gonococcus, but this drug is irritating and may impair the nutrition of the cornea and tend to ulceration. As to local applications, cold gives the best results during the early stages when the lids are greatly swollen and the inflammation high. Squares of lint are kept upon a block of ice and laid upon the lids as often as indicated to maintain a reduced temperature. Judgment is required in its use. As the redness, tension and swelling of the eyelids subside, the application of cold

must be made less and less frequent. If haziness of the cornea is observed, it is proof that the vitality of the cornea is being lowered and that the application of cold should cease. If improvement in the haziness does not take place in 24 to 36 hours, hot fomentations or compresses at a temperature of 120 to 130 should be employed and these should be continued as long as corneal complications exist. Nowhere in medicine is careful attention to little things so productive of good as in diseases of the eye. The employment of nitrate of silver in this disease must be done with great care and at the right time, done otherwise it may produce great harm. Never employ it when the inflammation is acute, the lids tense and the conjunctival surface covered with a gray film. When the lids begin to relax, and the swelling to subside, when the papillae of the conjunctiva are swollen and the discharge is free and creamy, the time for its use has come.

Corneal complications are the chief danger attending this disease. Should ulcers form in the cornea, instill a drop or two of ½ per cent solution of atropine into the eye two or three times daily. If the ulcer be near the margin of the cornea and a tendency of the iris to prolapse, eserine in ¼ to ½ gr. to the oz. should be employed two or three times daily. Eserine should be used with care, lest its action on the iris may produce an iritis. In treating this disease do not neglect to instruct the nurse and mother of the infectious character of the discharge and the danger of contracting the disease or communicating it to others.

Wheeler, in Merck's Archives, says that the four agents which no doubt exert a favorable influence upon the course of lobar pneumonia are antipneumonic serum, quinine, digitalis and creosote carbonate.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHICAGO NIGHT SCHOOLS

There has been a new shake-up in the medical schools of Chicago, which conduct their operations during the evening; the result being that the "Dearborn" has closed its doors and the "Reliance" makes its appearance as a new institution . The latter is under the presidency of Dr. J. F. Burkholder.

We note that, as a rule, men who are connected with the management of any one school are very decidedly of the opinion that it ought to have all the students and the rest ought to close their doors. Day schools unanimously believe that no night schools should be permitted. The big institutions look upon the little ones as very objectionable indeed.

For our part we have always thought that the fact of the medical education far outweighed the question of where and how to secure it. We have no sympathy, whatever, with the ruling which refused a physician an examination before a State Medical Board, because a portion of his education on chemistry had been obtained in an ordinary college, not a medical one.

The writer has had a good deal of experience, that is- over a quarter of a century, in teaching, both in day and night schools, Eastern and Western, and frankly he is not able to make very much of a choice. He has found that the young men and women who work for their living during the day, and instead of going to the theatre, or amus-

ing themselves in other ways in the evenings, put in the evening at hard study in a night medical school, are fully up to the standard of others. In fact, comparing them with the young men, children of rich fathers, who dawdle away their time, half asleep, on the benches of the day school, he is rather inclined to favor the earnest, self-respecting and self-supporting night students.

The exaggerated value given to laboratory teaching of recent years, is possibly prompted by the interests of the great medical schools, with large endowment, which have many hundreds of thousands of dollars expended in expensive buildings for laboratory purposes. But frankly, we believe that a student who has a little outfit of his own, in a hall-bedroom, is probably more likely to obtain a really useful knowledge in some departments of laboratory work, at least in those which will be of use to him when he comes to be a practicing physician. Of course if he wishes to fit himself for the position of a teacher in a laboratory, or to pass the State Examining Board of Colorado, that is another matter.

If we were asked today, where to send a young man to study medicine, we would unhesitatingly reply: "Send him to that school in which the greatest genius is to be found." There is something contagious about genius, and the power to arouse thought in the minds of students is perhaps of greater importance than any other single thing in teaching.

W. F. Waugh, M. D.

Chicago, Ill.

Pharmacists tell us they are receiving just as many prescriptions as ever for the remedies discriminated against by the Council of Chemistry and Pharmacy, says the Pacific Pharmacist.

OBSTETRICAL NOTES

When engaged to attend a case of obstetrics the first thing I do is to ask the parties to furnish me with a specimen of the urine passed by the pregnant woman during the night or the early morning, the purpose of which is to ascertain the presence or absence of uric acid, albumin, sugar, bile, etc. If uric acid is present in abundance and in the absence of albumen, well and good, but if uric acid is absent and vice versa, then I advise a dietary treatment, and if the liver is inactive I usually prescribe calomel in small doses. It will not only cause the liver to operate indirectly, but will start the elimination of uric acid—the dreaded poison in obstetric cases. I withhold hog meat from the patient if uric acid is absent in the urinalysis, use milk as the most useful diuretic, cream of tartar, lemonade, lettuce, bread and butter, plenty of water, but withhold the stronger vegetables, such as cabbage, and in most cases the symptoms will be marked by an amelioration. The cutaneous functions may be stimulated by hot packs or sweat baths.

If the treatment outlined does not relieve, then it is quite probable that eclampsia will soon supervene, but there are very few patients that are put on the treatment but will come out all right in the end.

℞

Calomel .....gr. ii. to v.
Bismuth subnitrate.....gr. v.
Sodium bicarbonate.....gr. v.

M. Sig.—One such every second hour.

Follow with Rochelle or epsom salts if needed.

℞

Milk .....quarts ij.

This amount daily, at the same time drinking plenty of fresh and pure water. I watch all the emunctories, especially the bladder, kidneys, skin and bowels. I always have my obstetric case

(bag) ready, containing obstetric forceps, placental and uterine dressing forceps, gauze, sutures, needles, scissors, artery forceps, vaseline, bichloride tablets, formaldedyde or etheral antiseptic soap, also a number of other disinfectants, catheter, ergot, creolin, carbolic acid, glycerine, caulophyllin, pulsatilla, veratrum viride (Norwood's tinct.) also my hypodermic tablets and fountain syringe.

When the call comes it only takes a very few minutes to get off. When I arrive I first ascertain the general appearance and condition, then ask the nurse, if they have one, to prepare the lady, and if no nurse be present, ask the lady to go to her room and go to bed. I then ask the privilege of making an examination to ascertain the condition of the patient. I ascertain the position of the fetus, the condition of the vulva, the vagina, the os, uterus, the potency of each, the absence or presence of the secretions, the presence or absence of tumors; the fetus, the position presented, the parts presented, whether living or dead, whether the head corresponds with the mother's pelvis or not. If all is well (normal) I announce the fact to the patient, if not I simply tell the husband of the existing trouble, at the same time withhold the information from the patient and set about to help the abnormal condition. I also find that the fetus can be assisted very materially in its passage through the parturient canal by getting it in as good a position as possible.

If it does not rotate as it should, I rotate it. I instruct the patient just how I want her to bear down in her particular case, but for general consideration I instruct the patient to press the lumbar region down against the couch, at the same time raising the pelvis and it will do more good than any conceivable way to bear down in labor. I do not forget to keep even pace with the advancement of labor. It is said the meddlesome midwifery is bad. But if you will keep yourself and patient clean there is no danger from the necessary manipulation in any obstetric case. And after the completion of labor the birth canal found to be clear and in a physiological condition I then consider the prognosis good, but there is a great deal more danger in a prolonged and tedious labor than there can possibly be in a necessary manipulation.

J. H. Higgins, M. D., Ph. G.
Scipio, Ark.

CAN MALARIA BE TREATED WITHOUT QUININE

There are many physicians who think that malaria cannot be treated without quinine and that quinine is specific in malaria. In my opinion a greater error is not accepted by the majority in the profession or taught in our schools. There are various remedies which are just as important in the treatment of malaria as quinine, or more so.

If any physician will closely study the following remedies and give them a fair trial they will find that malaria can be treated without quinine, just as well as with it, and in many cases much better than if it were used. I will first mention sabbatia angularis as a remedy that will do anything in the treatment of malaria that quinine will do, i. e., this remedy has all the therapeutic uses that quinine has and much more besides without any of the bad effect of quinine. When sabbatia angularis is used to keep a chill off, six or eight doses of ten or fifteen drops each of the fluid extract should be given every hour, beginning so that the last dose will come one or two hours before the chill is due. At other times half a drachm should be given every three hours. If the pulse is weak and much stimulation is needed, it should be combined with tincture of capsicum. In pernicious forms of malaria it should be combined with tincture of capsicum and fluid extract scutellaria, and given in

large doses. If the patient is vomiting when first called to see him the pulse full and the patient robust, an emetic of lobelia infusion or of the concentration lobelin should be given, and the bowels thoroughly emptied with an enema of an infusion of boneset. After this the entire body should be sponged with a very weak solution of vinegar or with a solution of magnesium sulphate. If calamus is added to sabbatia angularis its antiperiodic action will be increased. Often, chionanthus or euonymus will make a good companion for it.

In chronic malaria when the spleen is enlarged grindelia squarrosa or polymnia will make a good companion for it. There are various other remedies with which it can be combined with good results. I would like all physicians who practice in malarial districts to give this remedy a thorough trial and let me know the results. I don't think that anyone who gives it a thorough trial will regret it or quit using it. The common name for sabbatia angularis is American centaury. It can be obtained from any druggist for one dollar a pound for the fluid extract.

In malaria, verbena hastata cts similar to sabbatia angularis and can be used about the same way that I have given directions for sabbatia. Verbenin, the concentration of verbena hastata, can be obtained in tablets of one-third grain each, and used same as the fluid extract of verbena hastata. One tablet represents ten drops of the fluid extract.

Verbena hastata, or verbenin, is a remedy which deserves more attention as it is a remedy of great value in various other conditions as well as in malaria

Sabbatia angularis and verbena hastata have several advantages over quinine. These remedies are well tolerated by the stomach if the stomach is in a condition to tolerate anything, while quinine is often not well tolerated. No headache, nervous excitement, hematuria, rash on the skin or other untoward symptoms are produced by the use of either one of these remedies, as is occasionally the case with quinine. In most conditions of malaria, no purgative or cholagogue need precede the use of either of these remedies as is the case with quinine. Both of these remedies are cholagogues of great value. The fluid extract of verbena hastata can be obtained from any druggist. The price is one dollar a pound for the fluid extract.

Verbenin, in one-third grain tablets, can be obtained for twenty-three cents a hundred, post-paid, or $1.95 per thousand, post-paid, by mail.

Alstronia constricta is a useful remedy in malaria. To keep a chill off give four doses of two grains each every hour, beginning so the last dose will come one or two hours before the chill is due. At other times give two grains every three hours. Alstronia constricta has but little or no influence upon the liver and it, like quinine, has to be preceded by some cholagogue. Powdered alstronia constricta can be obtained for fifty-three cents per ounce by mail, post-paid, or the tincture for forty-five cents an ounce by mail, post-paid.

In Parke Davis & Co., Organic Materia Medica, I find the following:

"Wild Bergamont—Monarda fistulosa Linne (leaves). Synomym—horsemint.

Properties.—"First introduced as a substitute for quinine in intermittents and its use has been reported in a number of cases without a failure. In large doses it is a diaphoretic and said to be inferior only to jaborandi in its power of exciting the sweat glands. It is used in flatulent colic, cholera infantum and lower forms of fever, as also in liniments for relief of local paralysis."

According to this, wild bergamont is surely a very useful remedy in malaria as well as in other diseases. Parke Davis & Co. have quit making the fluid extract of wild bergamont and I do not know where it can be obtained at present, but it is a remedy that should not be allowed to go down to oblivion.

In the same book I also find the following:

"Magnolia U. S. P.—Magnolia glauca, etc., Linne (bark). Synonyms.—sweet bay, white bay, beaver tree, swamp sassafras.

"Properties.—Diaphoretic tonic, antiperiodic . In remittent and intermittent fevers it has proved of considerable value. succeeding, occasionally, where cinchona preparations fail."

Magnolia deserves attention by those who practice in malarial districts, if it succeeds in some cases where cinchona preparations fail.

Also the following in the same book:

"Cucumber tree magnolia asuminata Linne (flowers). Synonyms—magnolia flowers.

"Properties.—Used as a substitute for cinchona bark in the treatment of remittent and intermittent fever. Its curative agency is said to be favored by the diaphoretic action following its administration. The flowers have the general character of an aromatic bitter tonic and are particularly recommended in dyspepsia and chronic rheumatism."

There is a tree called by the people cucumber tree which grows on Rich mountain, in Polk county, Arkansas. I was told by my uncle, John Bradley, of Brawley, Arkansas, that a doctor by the name of Smith used to use the bark of this tree about twenty years ago extensively.

There are many other remedies which are of great value in the treatment of malaria and should receive attention.

J. A. Burnett, M. D.
Little Rock, Ark.

In the fight against the plague, the Japanese destroyed four million rats, but there was no apparent decrease in the supply. It seemed that the scarcity was followed by an increase in their breeding. This and the removal of competition replaced this enormous number almost immediately.

WHAT OTHERS SAY

The decadence of the internist is in large measure his own fault; probably the most practical one is want of faith in his own medicine.—Eclectic Medical Journal.

The antagonism to scientific achievement which has been apparent since the days of Galileo, will only serve to make the truth more resplendent.—Wainwright, Medical Record.

The doctor who enters the chamber of suffering at the hour of midnight, armed only with a pencil and a piece of paper, is as unwise as the soldier who opposes the midnight attack of the enemy, leaving his arms and ammunition in his tent. Dispensing physicians have more than once been the object of legislative attack, but the universal decision has always been that the right to furnish medicine to his patient is inherent, and it is not probable that a legislature will attempt to deprive him of it, or the court to sustain if such an attempt is made.—Buffalo Medical Journal.

We feel that therapeutics is too important that any worker in any portion no matter how limited this may be, should be ignored, because some manufacturing chemist may not adhere to an artificial standard set up by an editor, whose past education and previous character hardly entitle to asume the position of critic. General condemnation should not be extended to those who have freely given their resources for the advancement of medical science. An editor without moral or financial responsibility may be ethical according to his notion in attacking those who have been and are contributing to the benefit of mankind, but ethics is not the science of right, but is the science of duty; and while it may be right for one to embark upon a given line of conduct, it is the duty of an honest man to abstain when the harm is greater than the benefit.—R. W. Wilcox, Mo. Cycl. Practical Medicine.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

A NEW IDEA ON TREATMENT OF GASTRIC ULCER.

The orthodox principle of treatment of gastric ulcer is physiological rest. From mere restriction of diet to total abstinence from food in cases of recent hemorrhage, a regular routine system of feeding has been built up. For five or six days after a hemorrhage the patient is given only a little iced milk; later, meat broth and milk in increasing amounts at regular intervals, to which cream or flour may be added. Not before the end of the fourth week is white meat given in soup; then fish, potatoes, rice, and after the sixth week, red meat, and tender vegetables. Pain is combatted by opiates, eructation by alkalis, as sodium bicarbonate, magnesium, karlsbad water, loss of strength by nutrient enemata. With modifications to suit each case this course is universally followed and taught by all authorities, as Leube, Ewald, etc.

But exception is taken to it by Prof. Lenhartz of the famous Hamburg hospital, one of the leading clinicians of today. He reasons that it is contrary to general principles to starve patients, who have been weakened by hemorrhages instead of trying to build up their strength quickly by every means possible. The majority of gastric ulcers develop as a sequel of states of anemia and hyperacidity and experimentally produced defects of the gastric mucosa, heal very slowly or not at all in the presence of an artificially induced anemia, with daily introduction of hydrochloric acid. From a study of many cases of ulcer of the stomach treated strictly according to Leube's plan he found that recovery was always slow, cure often doubtful, and relapses frequent. These considerations determined Lenhartz to adopt an almost contrary line of dietetic treatment.

He aims (1) to bring about a physiological combination of the usually superabundant gastric acid by ingestion of concentrated albuminous food instead of merely neutralizing it chemically with alkalis. (2) To produce conditions favoring healing of the ulcer by quickly restoring strength, through a rapid increase of really nourishing food. (3) To counteract dilatation of the stomach by the use of the ice bag and bismuth together with rest in bed for three or four weeks and very careful restriction of liquid food. He finds eggs the most serviceable food, which he gives from the beginning and in daily increasing amount. Iced milk he uses very little and with great caution, because it leads to dilatation of the stomach. Upon dilatation he looks as the most dangerous condition to be avoided in every possible way. On the sixth day a little raw, scraped meat; on the seventh, rice; the eighth, toasted bread; the tenth, butter is given; sugar in increasing amount is added beginning with the third or fourth day.

The advantages claimed for this method of feeding are: (1) Narcotics are never needed, pain disappearing in the first few days. (2) Vomiting ceases quickly. (3) Relapses are much less frequent.

Prof. Lenhartz made the first report on his new method in 1903. Many objections were raised against it, mostly theoretical. But the reasons advanced by him were so strong and convincing that his plan of treatment was gradually tried by other leading clinicians. A new report contained in No. 15 of the Medizinische Klinik for 1907, based on 201 cases of his own and 133 of others,

in all 334 cases, shows gratifying results and substantiates the claims made. Only such cases are considered in it which the occurrence of hemorrhage left no doubt of the diagnosis. The detailed scheme of feeding is too elaborate to be repeated here, and hardly needed. The important point for us is to know of the change in view which is taking place.

MEDICAL CENSORS OF WOMAN'S DRESS.

According to the lay press the Iowa Board of Health has opened a "crusade" against short sleeves as universally worn by women at present. Dr. L. A. Thomas, secretary of the Board, is credited with having declared that the continuous exposure of the arms will cause a hairy down to grow on them, derogatory to their handsome appearance, a sort of beginning reversal to the traits of a primitive ancestry. The threat might have a deterrent effect, could it be looked upon as anything more than a jest, or one of those semi-scientific assertions frequently palmed off on a credulous public. Peasant women of all European countries have for untold generations kept their arms bare, exposed to sun, wind and weather. According to the Iowa idea their arms should be as hairy as those of apes, while in fact, they are no more hairy than those of the best groomed society belle. The "crusade" will not make much stir. Women have never paid much attention to preaching, nor even laws made by mere men in the matter of fashion. What has not been said and written against the corset, and with what slight result? Corsets are worn as much as ever; while some of their former most objectionable features have been done away with, new and no less objectionable ones have been substituted. A glance at the advertisements in magazines and shop windows will show how women's bodies are distorted by them. Women offend, in various ways in their dress, against the laws of health. But why preach? The dictates of fashion coming from a Parisian man dressmaker, have more weight with our women, not excepting even physicians' wives, than all the teaching of the entire medical faculty.

MEDICAL FEES.

At the September term of court the grand jury of Beaver County, Iowa, indicted fourteen physicians, members of the County Medical Society, charging them with violation of the criminal statute, prohibiting any two or more persons combining to fix or regulate the price of commodity. The society had revised its fee bill to suit present conditions and published the new bill. Subsequently, the indictment was dismissed by the judge, as was to be expected, for it is evident that medical services are not a commodity in the ordinary sense, or the intention of a state law. The trouble seems to have been stirred up from base motives, malice, and a desire to make political capital, and has therefore no broader signficance. But it shows again one thing, namely that other men look upon medical practice as a business like any other. Most physicians unfortunately disregard this aspect of their calling too much. Of late the satisfactory conduct of a medical business has become more and more difficult. The cost of an education, the time consumed by it, the equipment in books and instruments—that is, the capital invested—is greater than ever before. The cost of living has increased many times during the last few years, but in spite of all this physicians everywhere are getting no larger fees than they did twenty years ago, and in case of a depression, like the present, are the first to suffer. No wonder that our profession is not financially prosperous; that few of us earn more than a competency, and that too many have a constant struggle to make the two ends meet. This is certainly not right. Physicians should increase their fees in the same proportion as other men. They can do it, but only in one way—by

thorough organization. Let it be called trades unionism, if you please. The name matters nothing. It is effective, as proven by the concession forced from the large insurance companies and cannot be wrong, as long as its demands are only fair and just.

It may be interesting in this connection, to learn how they look upon the question in Germany. There the highest court decided it to be illegal for the physicians of a locality to band together and establish a definite code of fees for professional services. The court took the ground that physicians were actuated by a desire to benefit their fellows and did not expect to be paid the full value of their services. They stood above the level of men in business pursuits and the establishment of a fixed fee for their services would lower their dignity. That is very fine sentiment, but not practical common sense, and cannot be accepted as normal by American physicians.

MEDICAL EXPERT TESTIMONY.

In discussing with friends from the legal profession the acknowledged shortcomings of medical expert testimony the writer has repeatedly argued that relief would be afforded if medical experts were selected and paid by the courts. The lawyers always insisted that that would never do, but would seriously obstruct the administration of justice, although their reasoning never appeared convincing. We are pleased now to learn that a bill is before the legislature of the State of Maine, drawn by the chief justice of the state, which provides almost exactly such an arrangement. Our idea cannot have been altogether contrary to law principles. If the bill becomes a law, then a chance will be given to try a method which works well in European countries and may forever put a stop to the scandals arising from our present way of obtaining medical expert testimony.

VARIOUS OPINIONS

I find that crataegus works along the same line as cactus. A number of times I have combined the two.—Stevens, Chicago Medical Times.

Do we ever think that in using vasoconstrictor drugs we have to shut off the blood-supply to the heart muscle itself? —Blair, Medical Council.

Whooping Cough. An interesting symposium on this disease appears in the Denver Medical Times for October. The reader will note the distinct hopefulness expressed by some physicians and the activity of their treatment; and significantly, those who are most hopeful are those who advocate the alkaloidal plan. Take the following extract for instance, from the paper by G. Murray Edwards, of Denver. He says, that after having nearly exhausted the drug list in his ineffectual efforts to obtain satisfactory results, up to within four or five years, he must confess his indebtedness to alkaloidal suggestions, and would ask skeptical physicians to suspend judgment till an impartial trial of following simple treatment will bring its own reward. Saturate the patient with calcium sulphide, gr. 1-6, eight to twelve times a day, and just enough atropine to flush the capillaries and sedate the mucous membrane, say 1-250 gr. five to ten times in twenty-four hours. Hyoscyamine is sometimes preferable to atropine. If cough is annoying, a few granules daily of cicutine hydrobromide and iodoform will suffice. If the heart condition demands attention, as indicated by cyanosis or puffing of the eyes, digitalin or arsenate of strychnine should be used. If the above be early adopted, the disease will not only run a modified course, but may be actually aborted. Compare this statement with the other writers, who have nothing to advocate but cleanliness and attention to nutrition. The difference is certainly significant.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10c, in the United States, Canada and Mexico. Foreign Countries in Postal Union $1.25 Per Year.

THE RECORDER is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 10 DECEMBER, 1907 No. 12

A TEN YEARS RECORD

This number completes the tenth annual volume of The Recorder. During this ten years The Recorder has been issued regularly each month, never missing a month in the decade. As we look through the ten bound volumes we feel that they form a concise, reliable record of ten years of medical progress.

During 1908 The Recorder will be continued along the same lines as before. The magazine will continue to be independent in every respect, uninfluenced by any commercial interests.

The contributors of this year will be represented in the pages of The Recorder in 1908.

IMMUNITY

Dr. Thomas J. Mays, in the Boston Medical and Surgical Journal of November 21, discusses immunity and therapeutic action. In what does immunity consist? He says ,if one answer stands out more clearly than another, it is that it is not a guiding spirit, which is separate from and independent of the normal physiologic processes of the body, as was believed in former days, but that it constitutes an integral and essential part of living matter. As to the function exercised in this direction by the leucocytes, he quotes approvingly one of the highest authorities on pathology in Germany, as saying: "To define this process the function of which is to absorb liquidating material as a warfare against the causes of disease, does not even rise to the dignity of a poetical conception of this phenomenon." Dr. Mays suggests that by far the more feasible explanation of the genesis of immunity rests on purely physical principles. When two forces of an equal srength come in contact with one another, the stronger causes the weaker to move in a direction parallel to its own, to a point where mutual balance takes place, and although the latter may tend to rebound and to assume its former position, yet through the continuous operation of a series of such impacts, it will finally be forced into a new or another state of equilibrium where it will remain after the attacking force has ceased to act. The effects of a slight blow are readily overcome. Shock of severe injury may be great enough to disturb the bodily equilibrium to such a degree that reaction is impossible and death is consequent. A strong and healthy body is much less liable to contract disease than one which is already partly broken down. The vis medicatrix naturæ is therefore in all probability an innate protective property of all tissues, a part of their physiologic constitution, and

does not reside in any separate special mythical or supposed real entity. This point he illustrates by a number of exceedingly interesting experiments on the application of weak and strong solutions of various remedical agents to the muscular tissue of the isolated frog's heart; the effect being shown by sphygmographic tracings. For instance the application of curare, one part to eighty thousand increases the strength of the heart beats above the point which blood alone is capable of giving. Then chloroform, one part to five hundred, depresses or almost entirely overcomes the heart's resistance or reaction, as shown by the tracing. By combining the weak proportion of curare, one to eighty thousand, with the strong dose of chloroform one to five hundred curare reinforces the physiologic resistance of the heart-muscle to such a degree, that it almost wholly throws off the disintegrating effect of the large chloroform dose, as is shown by another tracing. In other words the conflict between the two drugs is not a chemical but a physical one, in which the heart muscle is simply the medium through which the stimulating influence of curare and the depressing effects of chloroform are enabled to display their antagonistic powers when properly adjusted.

These experiments were made with a number of other antagonistic drugs, in the course of which it was shown that a very weak solution of atropine counteracted the effect of a very strong solution of alcohol. The stimulant effect of aconitine one part to one hundred and sixty thousand largely counteracted the depressing effect of ether one part to five. Weak solutions of curare counteracted strong solutions of ether. Atropine in like manner obviated the depressing effect of ether and of chloroform. Curare obviated that of chloroform, aconitine that of chloroform, strychnine that of chloroform, a weak solution of aconitine countermacted the depressing effect of a strong solution of curare, while remarkably a solution of atropine one to one hundred and sixty thousand counteracted the depressing effect of a powerful solution of strychnine, one to one thousand; and vice versa, a solution of one part of thousand counteracted the depression due to atropine one to one thousand.

Mays concludes that drugs expend their forces directly on the bodily extures and not on any hypothetical intervening medium; that small or minimum doses enhance bodily resistance and large or maximum doses depress or paralyze the same; that minimum doses successfully antagonize the disintegrating effect of maximum doses.

These antagonistic effects are displayed here as decidedly as if they had been wrought by the two mechanical forces of attraction and repulsion, and they give us an exact mathematic demonstration of the power which drugs have of supporting and preserving life when attacked by other forces. He adds: "Now if we recognize the fact that disease is but the manifestation of forces which move in a direction adverse to health, and substitute these for the operation of the maximum drug doses in the above illustrations, do we not have a clear picture before us as to how a large class of drugs in minimum doses combat disease, namely by stimulation? On the other hand is it not equally clear how maximum doses possess the property of depressing hyperactivity of the bodily textures, the pathologic condition which lies at the bottom of many important diseases, and this gives us at least a fundamental idea, of the action of two other large classes of drugs, namely antiseptics and antipyretics?"

This remarkable paper taken in conjunction with a study of Dr. Forest upon the action of diuretics in the S. C. State Journal, gives us some little glimmering perhaps of the riches awaiting the profession, when it shall turn

from the fads and fancies it has been recently pursuing, and begins at last to investigate the boundless field of drug action.

STATE EXAMINING BOARDS

The Medical World for December contains an interesting series of letters on the subject of the State Medical Examining Board. We commend especially to our readers a paper by Dr. G. B. Dorrell, president of the Southwestern Missouri Medical Society. It is well characterized by the editor of The Medical World, as 'very thoughtful, moderate and sensible.'

The more this topic is agitated in the medical journals and in medical societies, the better it is for the profession at large. After all, the examining boards are composed of our own people, and must necessarily listen to the will of the profession as publicly expressed. It is said that, traced to its ultimate ,the excessive preponderance given to laboratory work in these examinations it's a move to favor the wealthy, heavily-endowed medical colleges, which are equipped with enormously expensive laboratories, in their endeavor to crush out the smaller colleges which are not so equipped.

We have not a word to say against the laboratories, or the teaching of laboratory work, but our conviction remains unaltered, that some men will do better work with a five-dollar equipmen in a little hall-bedroom, than the son of a wealthy father will do in the palactial marble halls of his alma mater.

There is no getting away from the fact that the examining boards were insituted primarily and exclusively to protect the people of each state against incompetent practicians of medicine. If these boards are being wrested from this primary pupose, for the furtherance of any other interest whatsoever, be it that of the great colleges, the protection of the practising physicians of the state against incomers, or any phase of medical politics, the imposition should be detected and the full glare of the searchlight of publicity placed upon it. That is enough to insure the abatement of any nuisance whatsoever.

HEADACHE

In The Med. Era for December, Dr. J. A. Corn calls attention to several kinds of headaches, giving the appropriate treatment. One of them is known as sun pain, an irregular form of malaria whose only symptom is a grinding, boring pain over and in the right eye, coming on in the morning, increasing until noon and subsiding by sundown. This was entirely cured by, quinine, methylene blue and podophyllin, with capsicum. Another common form is a headache starting in the back of the neck, lower down, traveling steadily and persistently up to the crown, its final location being at the temples and back of the eyes; eructation of gas, or vomiting, fever, backache and scanty high-colored urine accompanying. No doubt this is an autointoxication, for which Dr. Corn gives minute doses of calomel followed by saline and then an intestinal antiseptic; with this pilocarpine or picrotoxin, whichever is indicated, to cause free elimination by the skin; also a good diuretic, but no acetanilid or morphine. Another headache which he attributes to constipation is a dull or stabbing pain over the eye, with yellow sclerotics, coating of the tongue and a breath that rivals a cesspool.

Another cause of many headaches is eye strain. The proper correction of errors of refraction immediately stops a large per cent of headaches. This is a cause of headache often overlooked, but the prompt relief given by proper lenses in many cases is most satisfactory.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

EMPIRE BUILDERS. By Francis Lyndes, Author of "The Quickening," "The Grafters," Etc. With Illustrations by Jay Hambridge. Pages, 180. Price, $1.50. The Bobbs-Merrill Co., Indianapolis, Ind.

This is a story of especial interest to business and professional men. The hero is Stuart Ford, a civil engineer and railroad manager. The scenes of the book shift between the western frontier and New York City. The story gives a good idea of the difficulties of railroad construction in the Rockies. A glimpse of life is given in a western mining town. Ford undertakes the Herculean task of constructing a railroad through the west within a certain time and the book tells of the difficulties he encountered both in the construction of the road and with the financial backers in New York City. The story is intensely interesting from beginning to end and is just the kind the busy doctor should read occasionally for mental relaxation. There is a love story running throughout the book, but that is secondary to the story of the commercial struggle.

COSMETIC SURGERY. The Correction of Featural Imperfections. By Charles C. Miller, M. D. Including the Description of a Variety of Operations for Improving the Appearance of the Face. Pages 136. 73 Illustrations. Prepaid, $1.50. Published by the Author, 70 State St., Chicago, Ill.

Cosmetic surgery has been neglected by the regular profession and left to the advertising doctor and quack, yet it is a legitimate, honorable, satisfactory and remunerative field of work, which every physician would do well to give some attention. The first literature of any importance published on the subject was the articles by Dr. Miller in The Recorder. Dr. Miller has gathered these articles which he has contributed to medical journals, revised them and arranged them in this book. Everything that Dr. Miller writes is practical and devoid of useless verbiage. The illustrations in the book in themselves make a good guide in this work. The book is original throughout and is based on the author's own experience.

A TEXT-BOOK OF PHYSIOLOGY. By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Revised Edition. Illustrated with 393 Half-tone Engravings, many in Colors. Royal Octavo, 815 pages. Bound in Extra Cloth. Price, $3.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This is a very complete physiology containing all the very latest advances. Compared with a physiology of twenty years ago this work contains a large amount of new knowledge. The anatomy and physiology of the nervous system are given admirably at considerable length, which the importance of the subject and recent research warrant. A comprehensive chapter on electro-physiology is a recent and important addition to a work on physiology.

A modern work on physiology should be in every physician's library, and this volume makes a splendid reference work for the practitioner. Some of the newest methods of treating disease require that the physician be well up in physiology, and this work furnishes the necessary knowledge. The book is beautifully printed. The illustrations are many and good and a large number of them colored.

BOOK NOTES

Dr. Miller will continue his illustrated articles on practical surgery in The Recorder through the year 1908. Dr. Burdick will write each month a live article on something of interest and importance to the profession.

The F. A. Davis Co., of Philadelphia, has just issued a new catalogue of medical books published by the firm. The list covers the whole field of practice with standard works by authoritative writers. The books issued by the F. A. Davis Co., are always fine specimens of the typographical art.

The Physicians' Visiting List for 1908 is the fifty-seventh year of the publication of this excellent visiting list. In addition to the record of visits, etc., the book contains chapters on Poisoning, Asphyxia and Apnea, Incompatibility, Dose Table and other valuable tables. This visiting list has been used these many years by physicians and been found very satisfactory. The book is well bound in leather, arranged for twenty-five patients per day, a week at $1.00; for fifty patients, $1.25. It is issued by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The Christmas Cosmopolitan Magazine for December contains: "A New Creed," by Elbert Hubbard; "The $5,000,000 Art Collection," illustrated with duograhs of paintings in the Kann colllection, by Sir Caspar Purdon Clarke; "At the Thraot of the Republic," first article—Before the Election—illustrated, by Charles Edward Russell; "Some Delusions About Dress," by Woods Hutchinson, M. D.; "The Actor's Imaginary Greatness," illustrated, by Alan Dale; "Hoboes That Pass in the Night," by Jack London; "An Insurrection of the Peasantry," by Ambrose Bierce.

The Christmas McClure's Magazine presents: "Recollections of Henry Irving," illustrated, by Ellen Terry; "The Canadian Act," by Charles W. Eliot; "The Edge of the Future in Science," transportation and the gyroscope—Louis Brennan's Mono-rail Car, illustrated, by Cleveland Moffet; "The Gyroscope and Ocean Travel," by Henry Smith Williams; "The Planet Mars," illustrated, by Professor Percical Lowell; "Great American Fortunes and thei Making," illustrated, by Burton J. Hendrick.

"Why the Fleet Will Round the Horn" is one of the best articles of the month. It appears in the December National Magazine. It is complete in things one wishes to know, effecting international conditions, and tells why the supremacy of the Pacific is bound to become important. The installation of a serial which promises to attract wide attention appears in this number. It is called "The Smoky God, or A Visit to the Ioner World." It is by Willis George Emerson, the popular author of "Buell Hampton," "The Builders," etc. "The Service of Uncle Sam," by H. C. Gauss, gives the experiences of a young man in the employ of Uncle Sam who learns, after all, that positions in classified service are not to be considered very desirable. There is the usual interest in the "Affairs at Washington," by Joe M. Chapple, and a dozen first-class stories are among the features of this most interesting number.

The December American Magazine is of special interest. The recent financial flurry, and the whispered denunciations of the President, make Miss Tarbell's defence of Roosevelt, in her new series "Roosevelt vs. Rockefeller," a timely contribution of great significance. George Fitch's character sketch of "Uncle Joe" Cannon is a little masterpiece of wit and wisdom. McCutcheon's cartoons add to the fun. There is a story, "Fleas will be Fleas," by the author of "Pigs is Pigs," and a story, "Mister Clink Thurston's Duel," by Edward Peple, and an article on "Footlight Fic-

tion; the wonders performed by press agents," in which the truth is told about Anna Held's milk bath and other theatrical "history." Lincoln Steffen's story, "The Mote and the Beam," is full of surprises, not the least of which is

"Mr. Dooley"
F. P. DUNNE

the shame of California—photographed. "Mr. Dooley," Ph. D., is "appreciated" by H. H. McClure. "Mr. Dooley," it is announced, will write nowhere but in The American Magazine after January

Some of the good things in The World To-Day for December, are: "Women Who Are National Types," illustrated, by Delia Austrian; "Our Colonial Empire: The Unknown Philippines," illustrated, by Hamilton Wright; "Trout-Fishing in Midwinter," illustrated, by F. G. Moorhead; "The Financial Situation," by J. Laurence Laughlin; "Has America an American Art?" illustrated, by James Spencer Dickerson; "Jos Yves Limantour: Financial Savior of Mexico," with portrait, by Roby Danenbaum; "Circumventing Cape Hatteras," illustrated, by C .H. Claudy; "Charity on a Business Basis," illustrated, by Lewis W. Hine; "The Mission of the Parochial School," by Cardinal Gibbons; "Dollar Wheat," by Herbert Vanderhoof; "Alexander Graham Bell and His Tetrahedral Kites," illustrated, by Charles Henderson; "The Automobile in Western Country Towns," illustrated, by Chas. Moreau Harger; "The Farmer's Institute," by Arthur D. Cromwell.

The Christmas number of Everybody's Magazine is rich in notable stories and articles that are worth while. Some of the offerings are: "What Caused the Panic"—an authoritative and timely discussion by Lyman J. Gage, Thomas W. Lawson, Prof. W. G. Sumner, Stuyvesant Fish, James J. Hill and Byron W. Holt. The question, "What is a Good Man?" is answered significantly in a symposium by Archbishop Ireland, Thomas W. Lawson, General Count Katsura, Prime Minister of Japan, H. G. Wells, and Prof. Edward Alsworth Ross. A third important contribution is a caustic criticism of America and Americans by George Bernard Shaw, in "A Nation of Villagers." In addition to these special articles, the first of a series important to all students of American agricultural problems and conditions is begun by Herbert N. Casson in "The Romance of the Reaper." Vance Thompson, in "Children of the Long Ago,' gives a quaint and fanciful account of the little folk of yesterday who played the same games with the same toys that are played by the little folk today. Three full-page pictures in color, by Andre Castigne, Hugo Ballin, and H. O. Tanner, portray types of the women of the Bible, and are interpreted by Will Irwin. Dr. Samuel McChord Crothers, in "Christmas and the Spirit of Democracy," illustrated aptly how the idea of Yuletide has changed to accord with the spirit of the times. A powerful presentment of religious oppression in Russia is given in Leroy Scott's "The Travesty of Christ in Russia." The continuation of Charles Edward Russell's "Where Did You Get It, Gentlemen?" is an exposure of the American Tobacco Trust and its methods

MISCELLANY

THE BACK ACHES OF WOMEN

By W. T. Marrs, M. D., Peoria Heights, Illinois.

Next to the ubiquitous headache perhaps as common a symptom that women suffer from is summed up in the rather broad and not ultra-scientific term, "backache." In the matter of its etiology there are many factors of causation and it is sometimes a difficult thing to decide which one or more of these may be of paramount importance. This trouble may occur at any time in a woman's life, but is much more common during her more fruitful period, particularly from the ages of 20 to 35. The pain may be only concurrent with menstruation when it is usually spoken of as a type of dysmenorrhoea. In young girls and women who have not borne children there is a type of backache due to cervical endometritis in which cases there is a whitish discharge from the vagina. Such patients being usually anemic and below par in general health, ferruginous tonics are indicated. In about the same class of patients we frequently find that the lumen of the cervical canal is not sufficient for the menstrual fluid to find proper egress, in which cases gentle dilatation helps to overcome the trouble.

A retrodisplacement of the uterus by reason of its mechanical irritation often accounts for a weak and painful back. This, however, is not so common a cause as was thought a few years ago when so many ventrosuspension and fixation operations were performed. For the ordinary retroversion or hetroflexion the Smith-Hodge pessary well-adjusted may do much toward making the woman more comfortable. Any abnormal function of the uterus or ovaries may produce a neuralgia that finds expression in the back. Branches of the sacral nerves have a direct uterine connection, and more remotely the pain may be reflected to the region of the back by branches of the inferior hypogastric and ovarian plexuses of the sympathetic. A passive congestion at the roots of the spinal nerves in the sacral and lumbar regions is also assigned as one of the causes of a painful bock.

Backache is one of the frequent symptoms of hysteria, but in that affection its major signs and symptoms are usually in evidence. Sometimes backache is a neurosis pure and simple with no signs of a pathologic basis. It should be borne in mind that the "pain habit" may become established from a temporary abnormal condition of the uterus and adnexa. Quite often endometritis and subinvolution are causative factors. In such cases there should be instituted a local treatment that will restore tone and function to the uterus.

Frequently the backache camplained of by women is in no way traceable to a sexual origin, but is the same condition of myalgia or lumbago as men suffer from. Such cases are due to the uric acid condition and insufficient elimination of solids and toxines. Cathartics, attention to diet and diuretics—especially water—will do much toward correcting the trouble. The woman's mind may be disabused of the thought that she is suffering from a grave kidney lesion. Gall-stones, hypertrophied liver, neoplasms and a great number of other things may have originated and still perpetuate the woman's suffering in this particular way.

Trypsogen completely cures many cases of diabetes. The following very recent case reports, out of many, are typical of the results obtained in a considerable proportion of cases:

Milwaukee Wis., Oct. 17, 1907.

I have been using your trypsogen tablets with favorable results in many cases; in fact, have now three cases on hand that have surprised me in their results when I consider surrounding conditions. Have used several thousand tablets. My mother, in Pennsylvania, had severe diabetes, with loss of nearly one hundred pounds. Condition, extreme. Used trypsogen long and thoroughly with complete success. Just received word that sugar is all gone and her weight and general vigor completely restored. Dr.————.

Grand Rapids, Mich., May 21, 1907.

Dr. ———— reports an interesting case of diabetes cured by trypsogen.

The patient is his wife's mother, fifty-six years of age. Her father died of diabetes and a brother also. At the time she was taken she weighed 187 pounds. In three months' time, weight had diminished to 118 pounds; pulse 130—in such a weakened condition it was a great effort for her to get around at all.

The doctor placed her on a diet and prescribed the use of trypsogen. In six months a change for the better was noted. The same treatment was continued for two months more; at expiration of that time she craved food and diet was relaxed. At the expiration of another month she was greatly improved. Same treatment was kept up until two years in all had elapsed. She at this time was, to all appearances, a well woman, and today is enjoying the best of health.

Newark, N. J., Oct. 28, 1907.

Gentlemen: I have used trypsogen with marked results in two cases. One case; man employed by our leading wholesale druggist; age about 62 years. Lost 50 pounds in a few months and employers had pensioned the man at $10.00 a week, as he was unable to work. The urine was loaded with sugar. I put him on trypsogen, t. i. d., and gradually increased dose. Sugar entirely disappeared after several months' treatment. Only once in a while is a trace of sugar now found. Patient improved so much that he took up his old position and is now steadily at work.

For trial package and latest literature address G. W. Carnrick Company, 17 Sullivan St., New York City.

PHENALGIN AS AN ANALGESIC

Pain is a symptom which a medical man is very often called upon to relieve. In many cases it is not expedient to give opium or morphia and its preparations. Still something must be given in such cases. It is here that phenalgin, one of the coal-tar series, is found of great service. Chemically, it is an ammonia, phenylacetamide. The ammonia present in its composition is almost volatile, and admits of its prompt liberation in the stomach in a nascent state. Phenalgin is, therefore, primarily a diffusible stimulant, and so prevents any undue cardias depression, which is so common after the administration of the other coal-tar compounds. Let us see how phenalgin really acts when taken into the system. For a brief period after a dose has been taken the pulse rate and action of the heart are gradually diminished, but by no means depressed. It is, however, as an analgesic that its action is most prominently observed. Its action in this respect is partly direct upon the nerves themselves, but, also, partly indirectly by reflex nervous action upon the capillaries through the nerves, which causes them to contract, and thus relieves congestion wherever it is present. It is thus useful in removing the tendency to hyperaemia and congestion wherever such exists. But phenalgin has also a tranquilizing effect upon the higher nerve centres, and

so possesses anodyne and hypnotic properties which must not be overlooked. In this connection we may specially remark that the use of phenalgin is never accompanied or followed by symptoms of depression.

No blood changes take place even during the prolonged administration of this drug, as is so common when other coal-tar products are given. As an antipyretic, too, the action of phenalgin makes itself felt. It acts thus, firstly, by increasing the cutaneous circulation and thereby favoring heat radiation from the surface of the body; and, secondly, by its direct influence upon the higher heat-regulating mechanism in the medulla, thus controlling very promptly and effectively any rise of temperature. Moreover, phenalgin is an antiperiodic of considerable power. It also appears to be a chologogue to some extent, and is silghtly a cholagogue purgative. It is, in general, a mild glandular stimulant, and so acts as a valuable eliminating agent.

No habit is even acquired by its use, nor does repeated administration lessen its primary effects. We thus possess in phenalgin a valuable addition to our pain-relieving armamentarium. It may be useful if we now consider the dosage of any indications for this ideal analgesic.

The drug is in the form of a white, somewhat alkaline-tasting powder. It is, in our opinion, best given so, or it may be taken in tablet form. These tablets, however, should be crushed down before administering. The dose is ten grains, but it ranges from five to twenty, according to the needs and state of the patient. The manufacturers advise that it should be given in doses of five or ten grains, repeated in ten minutes until twenty grains have been taken, or relief obtained. No bad effects are ever observed from this dosage and this dose gives better results than smaller ones.

Some indications for its use will suggest themselves to our readers, but we may specially mention dysmenorrhoea, (here it often acts like a charm) headache, sciatica, neuralgia, and rheumatic pains. It is also useful in many cases of malaria, especially when given in combination with the sulphate of quinine. Cases of influenza are often greatly benefited by the administration of phenalgin. In the latter disease it may be combined with salicylate of soda. In fact, phenalgin is compatible with such drugs as quinine, the salicylates, salol, codeine, the bromides, caffeine and salts of lithia. The manufacturers now put up a number of such combinations, e. g., phenalgin with quinine and camphor and with cascara sagrada. One special merit possessed by phenalgin, which we have not hitherto referred to, is that it is not advertised to the public, either directly or indirectly. It is certainly well deserving of trial by our readers, who will find it to be, we are sure, all that we have said regarding it.—Reprint from The Medical Times, London, Nov. 2nd., 1907.

Stephentown, N. G.

The Anasracin Chemical Co.,
Winchester, Tenn.

Gentlemen: In reply to yours of the 25th inst., will say the sample package of anasarcin tablets was received. I gave them in a case of cirrhosis of the liver with ascites in which I had tried the usual remedies without any apparent effect. I had decided to tap the patient when my attention was called to your remedy, and although very skeptical about its being of any benefit, I gave it a trial. It "worked like a charm," entirely relieved the ascites and a month has now elapsed and there has been no return of the trouble

In the future I shall use your remedy in all cases of dropsy for now I have great faith in it. Yours truly,

C. A. Chaloner.

Anasarcin (Oxydendron Arboreum, Sambucus Canadensis and Urginea Scilla)

GIVES RELIEF IN DROPSICAL EFFUSIONS

whether caused by heart, liver or kidney disease.

Reports from thousands of conservative physicians establish that Anasarcin does relieve dropsy.

CLINICAL RESULTS PROVE THERAPEUTICS.

Try Anasarcin in one of your worst cases - a case which other remedies have failed to relieve.

Literature and samples on request.

THE ANASARCIN CHEMICAL CO.
WINCHESTER, TENN.

Messrs. Thos. Christy & Co., London.
Agents.

AGE DOES NOT AFFECT THE READING OF OUR

Fever Thermometers

They are made of JENA NORMAL GLASS and are absolutely correct at every point. It costs nothing to test them because we gladly refund your money if not as represented.

PARTIAL PRICE LIST.

Grade	Full Doz.	Half Doz.	Fourth Doz.	Each
30 sec.	$9 00	$4 50	$2 35	$0 90
60 sec.	7 50	3 75	2 00	75
90 sec.	6 00	3 00	1 60	60

Hospital Certified: Lens front; Assortment at Quantity Price.

Grade	Full Doz.	Half Doz.	Fourth Doz.	Each
2-3 min.	$3 75	$1 90	$1 00	$0 45
One min.	4 00	2 05	1 15	50

Uncertified: Certificates 50c. Dozen extra.

Special prices on larger quantities. Choice of Nickle or Hard Rubber Cases.
Delivery Prepaid When Cash Accompanies Order.
We beg to suggest an early trial order.

Established 1905 THE REGAL THERMOMETER CO. 44-50 Main Stree EMINGTON, ILL.

BRIEF MENTION

If you change your address please inform us, giving both old and new address.

When sending in your subscriptions always be sure your name and address are very distinct.

Campho-ichthyol ointment is a soothing and healing application for all eruptions or irritations of the skin.

Please do not make remittances with personal checks, unless fifteen cents is added to pay cost of collection.

Papayans relieve indigestion. You can prove this by sending to Bell & Co., 68 Murray St., New York, for free samples.

Hepatosmene is an important factor in liver troubles. In constipation with a lack of intestinal action, hepatosmene acts like a charm.

Have you tried vasculin in that obstinate case of neuralgia? If not, send for free sample to M. M. Foy Co., 1100 Hamilton Ave., St. Louis.

We bind a year's numbers of The Recorder in black leather and cloth for 65 cents and return the same by prepadi express. We do not pay express on any other binding except The Recorder.

Remember that the dripping of the urine in adult life usually denotes the over-flow of a distended bladder, possibiy occasioned by muscular relaxation of bladder or the commencement of hypertrophy of the prostate. Sanmetto is the indicated remedy.

In the Medical Arena, for August, Dr. Dawson contributes an interesting article on the H. M. C. hypodermic anesthesia. Among other good things he makes the following significant suggestion: "Do not give more than is sufficient. If one tablet will produce anesthesia, go ahead with your work. If you are afraid to use it, give one dose and then, after one and one-half half hours, use chloroform, and you will be surprised and delighted with the small quantity of chloroform required and the prompt results.

Some of the indications of sanmetto are: Vesical irritation and atony; enuresis due to atony; incontinence of urine in children due to a weak bladder; dribbling of the urine in the aged, not due to paralysis or growths; urine expelled from exertion, as coughing; cystitis; catarrhal discharges from bladder or genitalia of male or female; seminal emissions; prostatitis, enlarged prostate and pre-senility.

In the Medical World for November, Dr. Coudert describes a case of rattlesnake bite, which recovered under the liberal use of strychnine, hypodermically, with some whisky, followed by quinine. Locally, antiphlogistine and potassium permanganate were applied. To relieve the pain the H. M. C. compound anesthetic was injected, with excellent effect. The case was one of unusual severity and treatment was not commenced until two hours after the bite. Under these circumstances the recovery of this patient was a notable incident.

The doctor who treats all cases of asthma alike as a separate and distinct disease is making a big mistake. At best it is but a symptom and may be due to a variety of causes. A common cause is the gouty diathesis, or the toxaemia of faulty metabolism constituting gouty or toxic asthma. The best treatment for asthma is that which removes the cause in each case. To overcome gouty asthma requires only to correct the gouty diathesis. For this purpose there is no better remedy than alkalithia. In many cases its action is almost magical, but, it is not a "cure-all" for asthma. Try it in gouty, or toxic asthma, only, and it will not disappoint you.